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10000. Child Haven Shelter

POLICIES AND PROCEDURES

10100. Framework

The mission of the Department of Family Services (DFS) is to protect children by building and supporting nurturing, stable families in collaboration with community providers. The Child Haven Shelter was created in 1962 as the sole Clark County placement option for abused, neglected, or abandoned children who required a protective placement.

In 1972, the Child Haven Shelter program moved to its current location on the Child Haven Campus in order to provide a more home-like teaching environment in a set of small cottages in a safe and tranquil setting. From 1972 through 2001, the Child Haven Shelter program was the hub of all Clark County protective services for children removed from their families. During those years, once the need for foster care placement was established in a court hearing, the child/family cases were transferred to Nevada's Child and Family Services Division for placement and case management services. In 2001, Nevada statute authorized the transfer of all child welfare services – from intake through permanency – from the state to Clark and Washoe Counties.

Since the consolidation of child welfare service in Clark County, DFS has developed alternative placement resources and services for abused and neglected children and their families based on local needs and nationally recognized best practices. One of these best practices is the direct placement of children into family-based care with relatives or into licensed foster care. Direct placement in a home that suits the needs and best interests of the child is the least disruptive to the safety, stability, and long-term permanency of the child and his/her family.

In this context, the Child Haven Shelter program provides emergency care for a smaller number of children and **only** when no other suitable placement option is available. DFS has developed a new service array and expanded the use of the Child Haven Campus to provide critically needed services (e.g., Receiving Team, Emergency Reception Center (ERC), Family Visitation Center, medical services, and medical care management).

These policies and procedure govern the Child Haven Shelter on campus. The policies and procedures for other campus programs are listed in *Section 10140: Scope*.

10110. Purpose

The Child Haven Shelter is a set of licensed cottages that provide safe, nurturing temporary care for children who cannot safely remain with their families. When a DFS placement specialist has determined that no other community- and/or family-based placement option is in the child's best interests, Child Haven provides safe, nurturing temporary care for children. The Child Haven Shelter Child Development (CD) staff provide direct care, daily supervision, and life skills development to children in this temporary placement. Child Haven CD staff also direct the work of the volunteers, interns, and foster grandparents who provide enrichment activities. These procedures promote and support the sound operation of the Child Haven Shelter program.

10120. Legal Basis

a. Child Haven Shelter Operation

The Child Haven Shelter provides twenty-four (24) -hour care on a temporary basis and operates under the provisions of the Nevada Revised Statutes (NRS 432A) and Nevada Administrative Code (NAC 432A) that govern child care facilities.

- NRS 432A defines Child Haven as a “child care facility” subject to licensure. NRS 432A.024 defines “child care facility” as an establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five (5) or more children under eighteen (18) years of age, if compensation is received for the care of any of those children. This includes any entity that delivers these services (e.g., child care facilities, child care institutions, outdoor youth programs).
- NAC 432A defines all of the operational standards for a child care facility. Child Haven staff members must adhere to and uphold these licensing standards. This includes requirements for the safety of all residents and staff, the daily care and teaching of children, and maintenance of staff and facility standards.
- AB 507 requires that: (1) facilities that have physical custody of children pursuant to the order of a court ensure that employees who come into direct contact with children in the facilities receive training within thirty (30) days after employment and annually thereafter concerning various issues affecting the health, welfare, safety and civil and other rights of those children (NRS 424); (2) certain child care facilities be licensed by the Bureau of Services for Child Care of the Division of Child and Family Services of the Department of Health and Human Services rather than by a city or county licensing agency (NRS 432A.024, 432A.131); and (3) annual State Board of Health inspections of facilities that have physical custody of children pursuant to the order of a court (NRS 432A.180, 444.330, 444.335).

NOTE: Because of the scope of state licensing requirements (e.g., physical plant maintenance, training), these procedures address staff responsibilities in these areas in addition to direct service requirements.

b. Placement in Child Haven

NRS and NAC Chapter 432B provide the legal basis for protective services and placement. DFS placement specialists are responsible, with the investigator/case manager, for ensuring that all DFS placements conform to these regulations. Provisions particularly relevant to Child Haven Shelter are:

- NRS 432B.390 defines emergency placement types. It provides that a child placed in protective custody pending an investigation and a hearing held pursuant to NRS 432B.470 must be placed in a hospital, if the child needs hospitalization, or in a shelter, which may include, without limitation, a foster home or other home or facility that provides care for these children.
- NRS 432B.3905 establishes age restrictions for placement in a child care institution. Effective December 31, 2008, an agency which provides child welfare services: (1) “shall not transfer a child who is under the age of six (6) years to, or place such a child in, a child care institution unless appropriate foster care is not available at the time of placement in the county where the child resides,” (2) “shall make all reasonable efforts to place siblings in the same location,” and (3) provides for notice requirements.

c. Relationship Between Child Haven and Placement Specialists

The age restriction in NRS 432B.3905, modified by other DFS policies and agreements, allows placement of children under the age of six (6) in congregate shelter care **only** under strict provisions related to medical needs or siblings’ best interests and, even under these conditions, restricts the length of stay at Child Haven to ten (10) business days. The law and these DFS policies place special mutual obligations on Child Haven staff and placement specialists to communicate clearly and regularly about the child’s strengths and care-giving needs at admission and discharge. The CD staff are required to regularly enter information on the child’s strengths and care-giving needs in UNITY to assist in a timely placement selection process. In addition, Child Haven supervisors will provide a weekly status report on each child under the age of six (6) to the placement specialists.

10130. Policy Statement

For Families

- The Department provides for the safety of children who have been found to be abused or neglected through in-home services, including arrangement of needed services and frequent home visits, so that children may remain in the care of their parent(s)/legal guardian(s) when safely possible.
- The Department seeks substitute care placements, when required, within the child's family or near the child's home to promote visitation with the parent(s)/legal guardian(s) and to maintain the educational and social relationships of the child. When a child is placed at Child Haven, staff members seek to maintain continuity in the child's education and medical care.
- The Department involves parent(s)/legal guardian(s) with their children in substitute care whenever possible. The type of parental involvement depends on the individual circumstances of the child and the family. This includes support of the child and family's religious practice, dietary restrictions, and language spoken in the home.
- Unless there is a *Court Order* to the contrary, all parent(s)/legal guardians are encouraged to visit and telephone their children regularly. The CD staff will always take the time to discuss a child's adjustment with the parent/legal guardian.

For Children

- The child's placement will be in a setting that can best meet the safety requirements and the unique needs of the child. The Department also considers, when appropriate for the individual child, the most family-like and least-restrictive placement. The Department's preferences by placement type are listed in priority order below. Placement identification and selection among these options for each child is made using legal and sound social work criteria.
 - » *Relative/Kin* – After a screening process and safety evaluation ensures that the relative's home can meet the child's needs in a safe environment, this is the preferred placement.
 - » *Foster Family Care* – These family-based and licensed placements include: foster care, emergency foster care, and treatment foster care (also called a "higher level of care" [HLOC]).
 - » *Special Healthcare Needs* – The Department serves children with special healthcare needs in home of the parent(s), the home of a relative, or in foster family care. The

Department may add specialized payments and/or services to these family -based placement to support the caregiver in meeting the child's needs.

- » *HLOC* – These placements are reserved for youth with significant clinical or behavioral health risks. HLOC placements are privately managed and include therapeutic foster care, group homes, and residential treatment. Residential treatment is restricted to youth who demonstrate significant clinical or behavioral issues that cannot be managed in a home setting. Residential treatment includes both staff-secured and hardware-secured facilities both inside and outside of Nevada.
- » *Congregate Shelter Care* – Placement in Child Haven or any other congregate shelter care is the least preferred placement. Placement in congregate shelter care is allowed only when the child is over the age of six (6). Exceptions for the placement of children under the age of six (6) may be granted in two circumstances: for sibling groups of three (3) or more for whom no family-based care is available that preserves their right to be with their siblings and/or in order to obtain needed medical treatment.
- » *Fictive Kin* – Placements with family-identified fictive kin are **not** allowed by State statute, but must be made if so ordered by the local Court at the Dispositional Hearing. Prior to the Dispositional Hearing, staff may be asked by the Court to report on potential fictive kin resources. They must do so, but must also advise the Court that this type of placement is not authorized by NRS and NAC.
- The Department makes every effort, if children have special communication/language needs (e.g., limited English speaking ability, deafness or hearing impairment), to provide staff or interpreters.
- The Department places siblings together unless it would be detrimental to one of the children's physical, mental, or emotional welfare.

The Department requires that all placement types respect the family's expressed religious practices. Other religion's standards or beliefs cannot be forced upon the child nor can (s)he be required to participate in other religious practices or observations. For foster families and relative homes:

- The Department facilitates pre-placement visits for children with potential caregivers.
- The Department's encourages foster and relative caregiver participation during visitation at the Family Visitation Center (FVC) whenever it is safe and appropriate. Foster parent(s) provide reassurance to the child and can offer information and support to biological parent(s) while also acting as a stabilizing figure to the child during the visitation.

10140. Scope

There is a distinction between the Child Haven Shelter program and the Child Haven Campus. These procedures address the Child Haven Shelter program and associated programs co-located on campus at 701 North Pecos Road.

a. Child Haven Shelter Program

The Child Haven Shelter program is a set of seven (7) licensed and staffed homes that provide emergency care and protection to children ages between the ages of six (6) and seventeen (17)¹ in a home-like atmosphere.

NOTE: Other campus buildings house: Peggy's Attic, a recreation center, medical services, clinical services, the Family Visitation Center, the Receiving Team, the SAINT Child Advocacy Center and various Department administrative offices.

- Seven (7) of the cottages (Alchu, Bigelow, Sheri Nork, Agassi, Howard, Beezer and O'Bannon) are licensed to provide shelter care. Each cottage has an established licensed capacity based on the physical space and the age(s) of the children. The Department operates only the number of shelter cottages needed to meet demand at any point in time. In the shelter cottages, the CD staff member provides for all of the child's normal daily living activities, including: attendance at school, recreational activities, any needed medical or clinical care, family-style meals and visitation with family members.
- One (1) cottage (MGM/Mirage) is mixed use. This cottage may provide Child Haven Shelter and is the location of the ERC. (See *Section 10140b: Other Campus Placement and Support Services* for a description of ERC.)

CD staff are assigned to each cottage to ensure adequate staffing twenty-four (24) hours a day, seven (7) days a week. Staff assignments may temporarily change based on the overall census and needs of the children who are admitted each day. Regardless of CD staff cottage assignments, each child has one (1) consistent and assigned CD staff member to act as his/her personal counselor and advocate. While residing in Child Haven, children receive basic supervision and care, including transportation to school and cottage-based educational supports, as well as medical supervision by nurses and physician visits when needed.

¹ No child under the age of six (6) will be placed in the Child Haven Shelter program or any other congregate care facility except in limited situations. The decision to place a child in the Child Haven Shelter program is authorized by the placement specialist.

All CD staff trained in the Child Haven Active Teaching Treatment Approach (CHATTA). This approach, adapted from the Boys Town Village family teaching model, assists children with social/emotional learning, life skills development, and management of their own behaviors. CHATTA teaching interventions are based on the individual needs and strengths of each child. Learning is reinforced by an earned point system; children can use points for special activities or privileges.

In addition to providing basic supervision, including care and life skills development and family visitation, the CD staff participates in other Child Haven enrichment activities including:

- *Group and Family Outings* – Children participate in group and family outings that expand their social skills and use community resources for enrichment and enjoyment.
- *Recreation* – Children regularly participate in indoor and outdoor physical exercise that promotes healthy development. Softball, kickball, volleyball, and basketball are among the many scheduled physical activities. Off-campus outings include such activities as annual summer camp, swimming, skating, and trips to local parks and Lake Mead.
- *Social and Cultural Events* – Children attend such events as plays, the ballet, professional sporting events, and shows.
- *Arts and Crafts* – Children learn new skills and the satisfaction of a job well done in craft activities appropriate to their age and interests.
- *Volunteer Programs* – Community members and student interns can volunteer and be assigned to participate in Child Haven activities described above.

Lastly, the Child Haven Shelter program also provides: clothing or equipment (e.g., school supplies) needed by children who have been removed from their homes on an emergency basis. These materials are, most often, provided through community donations.

b. Other Campus Placement and Support Services

In addition to the Child Haven Shelter program, DFS has created or expanded on-campus services and supports for children who have entered the child welfare system. These programs include:

(i) Placement Services/Receiving Team

DFS has established a Receiving Team to manage all emergency placements due to initial removal or placement disruptions. The Receiving Team is a set of organized services delivered twenty-four (24) hours a day, seven (7) days a week on campus. All emergency placements must be referred

to the Receiving Team. DFS procedures and criteria for placement decision making are fully described in the *Policies and Procedures Section 3000: Placement for Substitute Care*.

(ii) Emergency Reception Center

The ERC is a program of support and services that provides developmentally appropriate care, comfort, supervision, and placement preparation for children who are awaiting an emergency placement. The ERC operates twenty-four (24) hours a day, seven (7) days a week and is co-located with licensed shelter services in the MGM/Mirage cottage. The ERC is staffed with CD specialists and a team lead/supervisor on each shift.

The ERC is not placement. It is the location of a short-term set of services while a placement is arranged. If a safe and appropriate emergency placement with relatives or a licensed provider is not located within twenty-four (24) hours of arrival at the ERC, children are transferred from the ERC to Child Haven Shelter care or an emergency foster home. (See *Section 3300: Emergency Reception Center in Placement in Substitute Care Policies and Procedures*).

(iii) Child Haven Medical Services Unit

Child Haven nurses, under physician supervision, provide pre-placement medical screening for all emergency or planned placements as part of Receiving Team activities. Any time the screening reveals a need for care by a physician this care is provided on-site or at another medical facility.

In addition, this staff provides routine pediatric follow-up care for all children admitted to Child Haven, provides updated medical information to the Medical Case Management (MCM) unit and holds the child's *Medical Passport Packet*. The Child Haven Medical Services unit (MSU) operates under the professional practice standards of medicine. (See Child Haven Medical Services unit's published procedures and protocols).

(iv) DFS Medical Case Management Unit

The MCM unit provides medical case management for children under DFS supervision. The MCM unit, through its staff and contracted entities, is responsible for the following:

- Development and maintenance of *Medical Passport Packets*.
- Medical care management to ensure that children who enter substitute care receive an initial Early Periodic Screening, Diagnosis, and Treatment (EPSDT) health screening and follow-up care.
- Assessments of children's needs for eligibility for a medically fragile rate set upon request.
- Case review and establishment of eligibility for Medical Wraparound services upon request.

- Medical transportation and records management (including birth certificates and health records) for the *Medical Passport Packets* and UNITY entries.
- Contract management and scheduling for medical services (Nevada Health Centers, Inc.); dental services (Miles for Smiles); the fetal alcohol syndrome (FAS) clinic at the University of Nevada, Las Vegas (UNLV); and completion of *Social Summaries* (various providers).

This unit tracks and reports on the medical care for children in custody and ensures that this information is available to case managers in UNITY and to caregivers in the *Medical Passport Packet*. (See *Section 9000: Medical Case Management Policies and Procedures*.)

(v) Family Visitation Center

The DFS FVC promotes meaningful visitation between children and their family members in a safe, child and family friendly setting. Frequent visitation is highly correlated with improved functioning and stability of children. Research also indicates that children who have frequent, meaningful visits with their parent(s)/legal guardian(s) are more likely to return home. Staff activities at the FVC include: supervision, assessment of parent/child interactions; teaching and offering developmentally sound parent/child activities that facilitate attachment and positive interaction. (See *Section 101520: Description of DFS Family Visitation Centers*.)

The FVC also houses the Family Services Visitation program. This highly structured program is provided by licensed clinicians from the DFS Family Clinical Services (FCS) unit and provides therapeutic support, teaching, and coaching to families who have been referred by FVC staff or permanency case managers. All of these families have a *Visitation Plan* designed to support safe family reunification and are simultaneously enrolled in the “Parenting Project” curriculum. Enrollment in the Clinical Services Visitation Program may be voluntary or court-ordered. (For complete information about this program, see *Section 12000: Family Clinical Services Unit*.)

(vi) Family Clinical Services Unit

The FCS unit offers clinical support to DFS staff for children admitted to all programs on the Child Haven campus during regular business hours and through an on-call system. These services include: (1) clinical consultation and transition counseling and (2) crisis intervention, including assessment, stabilization, and/or transfer to an acute care facility. The FCS unit conducts provides clinical oversight and provides consultation to DFS staff and providers for children in wardship with Serious Emotional Disturbance (SED) through (1) reviews of required psychotropic medication notices, (2) review of required Uniform Psychological/Psychoeducational Assessments, (3) oversight of specialized placements (e.g., acute care hospitalization, residential treatment, and higher levels of foster care) including structured clinical record reviews. The FCS unit also delivers or manages referrals for clinical services for parent(s)/involved adults with open family cases (e.g.,

structured family visitation, nonoffending parent groups, adult mental health assessments/evaluations, and clinical consultation for adults who cannot otherwise obtain them)

10200. Confidentiality

All information gathered regarding a child resident of Child Haven and the Department's child protective case file is confidential information and may only be shared or released to parties named in NRS 432B.290. Child Haven's records and documentation on each child are protected under the provisions in "Release of Data" or "Information Concerning Reports and Investigation."

10210. General Confidentiality Requirements for Staff

Information concerning a child or copies of Child Haven Shelter documentation may be made available **only** to the following entities and **only** under the following conditions:

Entity (person or organization)	Conditions
Parent(s)/guardian(s) of the child(ren).	Verbal information only. This does not include the release of any written documentation.
Investigators or case managers (in home or permanency).	This includes any verbal or written documentation on the child's needs, strengths, condition, or progress. <i>NOTE:</i> The primary worker may subsequently release this information to: <ol style="list-style-type: none">1. A district attorney or other law enforcement officer who requires the information in connection with an investigation or prosecution of abuse or neglect of a child.2. A team organized for the protection of a child.3. The child's attorney
Placement specialists or licensing representatives.	In order that they may provide this information to: <ol style="list-style-type: none">1. An agency, including an agency in another jurisdiction, responsible for or authorized to undertake the care, treatment, or supervision of the child.2. An agency that is authorized by law to license foster homes.
Medical or clinical staff.	For the purpose of screening, diagnosis, or treatment.

Information **must not** be given over the telephone or in writing to any person who does not fall into the criteria listed above. If any staff person is not sure what information can be shared, the cottage supervisor or manager must be consulted.

Volunteers, students, and foster grandparents are **not** allowed access to Child Haven logs and case files. Part-time staff will **not** have access to logs and files unless under the direct supervision of the cottage staff. Part-time staff **must not** distribute any information verbally or in writing without the supervision of a senior CD specialist or cottage supervisor.

10220. Visitors and Protection of Child Confidentiality

Child Haven Shelter staff protect the confidentiality of children by limiting access to the cottage area in the following ways:

- Department staff may enter the cottage area at any time.
- Family members (unless barred by a *Court Order*), other individuals named in a *Visitation Plan*, or private providers under contract to the Department may enter the cottage area at established times or by special arrangement.
- All other visitors who have not been authorized in a *Visitation Plan* (individuals or groups) must be screened and approved by the Child Haven manager.
- All groups touring the campus must be accompanied by a Child Haven staff member assigned by management for the entire time they are in the cottage area.
- In order to protect against unauthorized photographs of children, visitors are strongly discouraged from bringing cell phones on campus. Cell phones may be secured in the rotunda area lockers. NOTE: Family members who are physically accompanied by cottage staff for the duration of their visit may be allowed to bring their cell phones to that cottage only. The FVC staff will not allow photos to be taken.

In order to welcome visitors in the cottage area, the following steps must be taken:

- The Child Haven manager is notified when any unrelated individual or group would like to observe the program, provide a service for the children, or tour the facility (e.g., student interns, volunteers, religious programs, barbers/beauticians).
- The Child Haven manager screens all unrelated persons and provides to them a written copy of the Department's confidentiality policy and a *Confidentiality Form*.
- All visitor(s) must sign and return the *Confidentiality Form*
- A copy of the *Confidentiality Form* is kept in the Child Haven manager's office. An up-to-date list of authorized visitors is kept at the rotunda.

10300. Residents' Rights

Child Haven staff members are responsible for protecting and ensuring the free exercise of all rights and privileges of the children.

10310. Statement of Rights

Child Haven promotes and protects the basic rights of children. Residents of Child Haven have the following rights. These rights may **not** be denied as a method of discipline.

1. Child Haven residents are entitled to have their rights explained to them in a language or method of communication that they can understand within twenty-four (24) hours of admission. At a minimum, children will be told that they have the right to:
 - Nourishment.
 - Communication with authorized family and others.
 - Respect of body and person.
 - Have one's own possessions.
 - Privacy.
 - Not be given meaningless work.
 - Read and review file material.
 - Interact with others.
 - Goals and privileges.
 - Basic clothing necessities.
 - Supervised outdoor access and activities.
 - One's own bed.
2. Child Haven residents have and retain any legally or constitutionally guaranteed rights, benefits, or privileges.
3. Child Haven residents may not be denied admission or services because of gender/gender preference, race, religious beliefs, ethnic origin, physical or mental disability, or criminal re-

cord unrelated to present dangerousness. Residents who are members of a recognized religious denomination shall have the right to choose to attend such services.

4. Child Haven residents have the right to be free from abuse, neglect, and exploitation.
5. Child Haven residents have the right to be provided with adequate and humane care and services, including support for school attendance and medical and mental health services.
6. Child Haven residents have the right to have services provided according to an individualized plan. Child Haven residents have the right to participate in the development and review of their own plan whenever they are able by virtue of their age and development.
7. Child Haven residents have the right to be notified verbally and/or in writing of the side effects of any medication, including psychotropic medication(s), administered by the Child Haven nurses. Child Haven residents have the right to refuse services that are not part of the *Treatment Plan*, including medication. If a resident refuses medication, (s)he has a right to be informed of any consequences.
8. Child Haven residents have the right to be free from physical restraint/seclusion, unless such actions are required prevent the residents from causing physical harm to themselves or others.
9. Residents shall have unimpeded, private, and uncensored communication with person(s) of choice by mail, telephone, and visitation in accordance with the resident's *Treatment Plan* and any restriction designated in the *Case Plan* or *Court Order*.
10. Unless restricted due to risk of harm of self or others, residents shall be permitted to receive, possess, and use personal property within the limits of reasonable storage space. All of a resident's personal property and money shall be returned upon discharge.
11. Child Haven residents and their parent(s)/legal guardian(s) have the right to be notified of any restriction(s) of their client rights. Any restriction of client rights and its justification will be documented in the resident's Child Haven record.
12. Child Haven residents have the right to present grievances according to the procedures described below. Child Haven residents may not have services denied, reduced, suspended, or terminated for exercising their rights.

These rights are supported by the following operational procedures:

10320. Grievance Procedure

The children of Child Haven will have the right to grievance. This process will be explained during the child's orientation. Throughout all the levels of supervision in the grievance procedure, the matter will be handled with the greatest possible speed.

a. Informal Problem-Solving

The children are encouraged to express personal concerns to their assigned CD staff in their respective cottages.

- If the CD staff and the child are unable to resolve the issue to the reasonable satisfaction of the child, the child will be encouraged to present the issue to the cottage supervisor. CD staff will help the child make arrangements to speak to the supervisor.
- After the cottage supervisor conducts an investigation and discusses the issue with the child, if the child is not satisfied with the issue's resolution, (s)he may file a formal grievance with the Child Haven manager.

b. Formal Grievance

After the formal procedure has begun, the cottage supervisor will ensure that the child suffers no retribution for filing a grievance. A formal grievance will then be handled in the following manner:

- The cottage supervisor will instruct and assist the child in writing an *Incident Report*.
- The CD staff person(s) involved will write an *Incident Report* regarding his/her actions or involvement in the problem.
- The cottage supervisor will write a summary memo regarding the investigation and discussions with the child, including results and decisions that have been made.
- All reports will be forwarded to the Child Haven manager for review.
- The Child Haven manager will investigate the situation and attempt to resolve the grievance to the satisfaction of all concerned.

- If the child is not satisfied with the result, (s)he will be assisted in contacting the Clark County ombudsman.
- The Child Haven manager will instruct the cottage supervisor to notify the child's case manager of the child's grievance and the result of the investigation.

10400. Admission to Child Haven

Admission to Child Haven is restricted to emergency placements. DFS may make an emergency removal from the home of parent(s)/guardian(s), in-home services, or foster care. (For descriptions of removal requirements, See *Section 2700: Taking Protective Custody in Investigation Policies and Procedures*, *Section 4800: Removal During In-Home Services in In-Home Policies and Procedures*, and *Section 5300: Transition from CPS Investigations or In-Home Services to Permanency Services in Permanency Services Policies and Procedures*.)

For all emergency removals, the procedures are as follows:

- The investigator provides a pamphlet to parent(s)/legal guardian(s) containing a statement of parent's rights and notifies the parent(s) of the child's placement location when it is safe to do so. The investigator, at removal and at the first Child and Family Team (CFT) meeting seeks information from the parent(s) on the child's strengths and needs and on the family's preferences for religious, cultural, or dietary practices. This information is provided to the placement.
- The case manager provides same-day notification to parent(s) of any placement movement of their child(ren). If the parent(s) cannot be immediately reached by telephone, the case manager will continue to attempt to reach the parent(s) by telephone or in person. The case manager will provide information to the placement specialist and the new placement on the child's strengths and needs and on the family's preferences for religious, cultural, or dietary practices.
- The placement specialist on the Receiving Team, with the investigator/case manager, authorizes the new placement. If the Child Haven Shelter program is the placement of choice, the CD staff will formally admit the child.

a. Placement by the Receiving Team Placement Specialist

(i) Emergency Removals by Investigators or Case Managers

The only Department unit authorized to make a placement at Child Haven is the Receiving Team. The placement specialist on the Receiving Team:

- Accepts written or verbal referrals for emergency placement from investigators for removals from family **or** from in-home/permanency case managers for emergency placement moves.
- Conducts a thorough search to identify and select a suitable placement resource based on the family's preference, the child's needs and strengths, and the open placement capacity and capability.
- Whenever possible, the placement specialist at the Receiving Team will make a placement in the least restrictive, most home-like setting that meets the child's needs and best interests, including placement with siblings.
- Placement specialists must make diligent efforts to locate family-based placements for all children and arrange with the investigator/case manager any needed special supports (e.g., medical or behavioral rate set) for children with special needs.
- When the placement specialist and investigator/case manager cannot locate a safe and suitable family-based placement, placement in Child Haven may be authorized only as follows:
 - » Children age six (6) or older may be placed in Child Haven.
 - » Children under the age of six (6) may be admitted only when: (1) they are a part of a sibling group of three (3) or more children, and it is in the best interests of the children to be placed together and no placement resource can be immediately arranged **or** (2) the child has medical/clinical presentations that are complex, and no placement resource can be immediately arranged.

(ii) Discharges From a Medical Facility or Psychiatric Hospital

When any child already in protective custody is released from a medical facility or a psychiatric hospital and requires placement, the following procedures must be followed:

- The child's case manager or placement specialist must call the Child Haven MSU to inform the nurses that they have a child who is ready for release from a medical facility and will need a placement.
- The nursing staff will contact the medical facility and staff the case with the medical facility to determine the child's medical condition, prognosis, and required follow-up care.

- The MSU administrator will staff the case with the Receiving Team to assist it in placement identification and selection. If the child is to enter Child Haven, information on the child's care-giving needs must also be presented to the Child Haven manager. If the manager is not available, the supervisor of the cottage where the child would be placed will be given this information.
- Once placement authorization is completed, the nursing staff will notify the case manager or an authorized transporter to transport the child to Child Haven.

If the child is being transferred from a psychiatric hospital, the above procedure applies, but must also include a clearance from the medical services administrator and notice to the FCS unit of the child's current psychotropic medication regimen.

NOTE: Calls to the Hotline from a hospital, psychiatric facility, or correctional facility where a parent(s) refuses to accept a child at discharge will be handled according to *Section 1400: Screening Decisions in Hotline Policies and Procedures*.

(iii) Transfers From Detention

Any transfer of a child from Clark County Detention to placement must be made through the case manager. The case manager will complete a *Placement Request and Disclosure* form and submit to the placement specialist. The placement specialist will follow all procedures for placement identification and selection in *Section 3000: Placement in Substitute Care Policies and Procedures*. The placement specialist will authorize placement, including placement at Child Haven.

NOTE: Calls to the Hotline from a hospital, psychiatric facility, or correctional facility where a parent(s) refuses to accept a child at discharge will be handled according to *Section 1400: Screening Decisions in Hotline Policies and Procedures*.

b. Transition Assistance by the Receiving Team

- The placement specialist on the Receiving Team, with the investigator/case manager, conducts placement identification and selection activities, and prepares the child and the placement resource. The placement specialist must, in all cases: confirm the completion of all placement clearance activities, complete the placement authorization, including placement in the Child Haven Shelter program, and ensure placement entries and exits in UNITY.
- The admissions specialist completes all placement entries in UNITY for emergency placements based on available information on the child and family gathered from the case managers and placement specialists.

- The CD staff at the ERC provide supervision, care, and comfort to children who are waiting an emergency placement. CD staff also conduct an initial clinical screening and provide the screening results to the placement specialist.
- Child Haven nurses, under the supervision of a physician, conduct a medical screening for all emergency placements and provide the results to the placement specialist. Permanency case managers may also make a direct referral to medical staff for the required medical screening for any planned move from one substitute care placement to another. Note, however, that the required pre-placement medical screening may be conducted by a physician or registered nurse at any medical facility.
- The NCIC-authorized agent conducts Shared Computer Operations for Protection and Enforcement (SCOPE), NCIC, and CANS background checks on all adult members of the household of a potential relative placement. The results of these checks are provided to the placement specialist.
- The Receiving Team staff will notify the appropriate cottage of an admission. They will supply a placement packet that includes: the *Placement Request and Disclosure* form (PRD) with the child's name, sex, age/date of birth, reason for admission, and a description of any special needs the child may have. In addition, the Receiving Team will supply the affidavit, *Nurse's Screening Report* (if applicable) and any other available information. Any new information will be provided when it becomes available.
- The Receiving Team transporter will privately share important care-giving information that has been gathered and recorded in the updated PRD with the admitting CD staff member.
- The Receiving Team staff will escort the child with all of his/her belongings to the cottage.

c. Orientation and Admission at Child Haven Shelter

A CD staff member will be assigned to the child(ren) as a primary counselor within twelve (12) hours of admission. At the time of placement, the Receiving Team transporter will introduce the child(ren) to the on-duty staff for the cottage where the child(ren) will reside.

(i) Orientation

At admission, the Child Haven staff will welcome the child(ren) and provide a complete orientation to the Child Haven Shelter program. If it is late and the child needs to sleep, the CD staff may provide only the most basic information and complete the orientation in the morning. In all cases, the entire orientation must be completed within twelve (12) hours.

The receiving CD staff will conduct the orientation using the specific cottage's *Orientation Checklist*, and the *Youth Rights Sheet* with all new residents. This orientation is conducted done in an

age-appropriate manner and includes the information outlined in the table below. The *Youth Rights Sheet* is signed by the child, if the child is able to sign his/her name, and put into the child's file.

Cottage tour and introductions to other children. (Section 10220)	Bed assignment (Section 10500).	Clothing and hygiene (Section 10520).
Meals and snacks (cottage schedule). (Section 101220).	Contact with family (Section 10510).	Safety rules for movement in and out of cottage (cottage rules and campus-wide safety rules (e.g., "Five (5) -Second Rule," fire drills). (Section 10840a).
CHATTA teaching system (Section 10800).	Expectations for school, room, and chores (cottage schedule).	Access to healthcare (Section 10800).
Unacceptable possessions (Section 1520b).	Unacceptable behaviors (cottage rules and CHATTA <i>Treatment Plan</i>).	Rights and grievance procedures (posted).

In providing the orientation, the CD staff will:

- Allow time for the child to ask questions and provide answers whenever possible.
- Ensure that the child knows that the investigator/case manager will call within twenty-four (24) hours of the placement.
- Remind the child that (s)he is safe and that this is a temporary placement while the investigator/case manager and judge determine how the child can remain safe.
- Inform the child if (s)he has been invited to attend the scheduled CFT meeting and, if possible, provide a day and time.

CD staff will document completion of these tasks on the *Orientation Checklist*.

(ii) Admission

At admission, CD staff will ensure the physical comfort and safety of the child. CD staff will:

- Assign room and bed for each child and document the assignment on the cottage *Bed Chart*.
- Supply the child with a full set of sheets (two sheets and a pillowcase), a pillow, and a blanket.

- Offer the child a meal; provide a shower or bath; and provide clean, fitting, and weather-appropriate clothing to wear, if this has not already been completed at the ERC.
- Inventory and sort the child's possessions to determine which items will be kept in the child's room (e.g., comfort item) and which will be stored. The CD staff member will inform the child of the options for keeping his/her property safe and counsel him/her on the risks and benefits of each option. (See *Section 10520.a: Storage of Children's Personal Property*)
 - » The child's personal clothing will be washed and made available for him/her to wear. CD staff will sort through the child's clothing with the child and remove any inappropriate clothing. (See *Section 10520: Clothing and Personal Care for Residents*). CD staff will also discuss with the child the option to store his/her personal clothing while on campus. Any clothing that requires storage will be held along with any other personal possessions in the area designated in each cottage for residents' personal property.
 - » The child's personal property will be checked for contraband, and, if found, it will be taken. Child Haven staff will dispose of contraband by contacting the Metro police.
 - » The child's personal property will also be checked for unsafe items that are not contraband (e.g., lighters, cell phones). These items are not allowed and will be stored for the child and returned to the child or his/her family at discharge.
 - » If a child has brought an item that is valuable (e.g., an MP3 player, money), these items will be taken and stored in the cottage safe until there is time to talk with the child about the risks of keeping these items in his/her room and options for keeping these items secured.
 - » Children who are able to understand, read, and write will sign the *Personal Property Sheet* to witness that all of their property has been included in the inventory.
- Review referral, placement history, case notes, and case history in UNITY to get an understanding of the child. Information is entered into UNITY by the placement specialist (See *Section 3000: Placement in Substitute Care* for ERT documentation requirements).
- Complete the administrative paperwork for admission. CD staff will create the child's cottage file. This includes listing the child's last name, followed by first name; age; date of birth; and date of admission on the outside of the file. Place the following items in the file: (1) the packet of information that arrived from the Receiving Team, including the medical screening information, (2) the *Personal Property Sheet*, and (3) the *Orientation Checklist*.
 - » If the child's pre-placement medical screen indicates special care-giving needs, consult with the Child Haven MSU to arrange immediate care.

- » If the child's pre-placement mental health screen indicates the need for special care-giving requirements, consult with the FCS unit to arrange immediate care and a complete assessment.
- Enter contacts authorized by the investigator or case manager (telephone or visitors) into UNITY and the child's folder. CD staff can access the list of authorized contacts in UNITY.

Enter the child's name, date of admission, and date of birth on the *Statistical Tracking Sheet* and the *Daily Population Report*, as well as in the *Daily Shift Log*. Enter ethnicity and race on the *Statistical Tracking Sheet*. (NOTE: The *Daily Population Report* is generated out of the DFS reporting module and is a paper form that is generated and provided to the schools.)

- If an infant is admitted as part of a sibling group or because of a medical condition, CD staff will also:
 - » Complete a *Formula Chart* and place it on the counter for feeding for all children under six (6) months.
 - » Create a large cardboard nameplate stating the infant's full name and date of birth and place it above the infant's crib.

Throughout the placement at Child Haven, the Child Haven CD staff member assigned to the child will continuously gather information on the child's strengths and care needs and record this as a Child Haven observation in UNITY for use by the placement specialist and investigator/case manager. Any specific information on future activities (e.g., appointments) or unusual incidents will be also sent to the placement specialist and investigator/case manager by e-mail.

d. Cottage Assignment of Siblings

It is the policy of Child Haven to maintain the family unit by keeping siblings together in a single cottage whenever possible. In selecting a cottage for sibling placement, the safety of the children will be the priority. Child Haven has one (1) cottage set aside for sibling groups. However, the following factors may preclude the housing of siblings together:

- When the assigned case manager has instructed that siblings be kept separate due to the nature of the allegation, **or**
- When there is a demonstrated danger that physical or mental harm could result.

In addition, Child Haven on-site management must assure the safety of the children by managing the census within each cottage. Census management considerations include the:

- Licensed capacity of each cottage.
- Required staff-to-child ratio (1 to 4 or 1 to 6) of each cottage based on the age group served.
- Gender-specific placement considerations for children over the age of six (6).

When siblings are admitted and placement together is not safe, it is the responsibility of the assigned CD staff member to ensure that each child knows the exact location of each cottage where his/her siblings reside. The assigned CD staff member will also ensure routine contact among the siblings on a daily basis (e.g., at mealtime, after school).

e. Specific Child Protection Considerations for Cottage Assignment

All children entering the Child Haven Campus have the right to be in a safe, protected environment. CD staff seek to understand the child's history and known behavioral risks and/or fears. CD staff will not place a child in a situation either on or off campus that causes the child to feel that his/her personal or emotional safety is at risk.

- If the placement specialist and the investigator/case manager are unable to locate a safe and suitable family-based placement and placement in Child Haven is authorized for any child, the placement specialist must provide all available information on the health, safety, and care needs of the child to the Child Haven staff as they would any other placement.
- When a child is admitted who poses a known behavioral risk to other children, the selection of a cottage/room and the CD staff member's behavior management plan will minimize the opportunities for harm. This protects both the child and other residents.
- If a child is emotionally distressed and reports that (s)he is threatened with harm by a roommate, (s)he and the roommate will be separated. Movement of children within Child Haven must be approved by the supervisor/lead worker. If a move is approved, the CD staff will write an *Incident Report* and make a notation in the *Shift Log* including the names of all involved children. These written reports will be forwarded to the Child Haven manager and the investigator/case manager, and will be included in the shift exchange information.
- If a child reports that (s)he has been harmed in any way by another resident or staff member, the cottage supervisor or manager **and** the Hotline **must** be notified immediately.

The CD staff will write an *Incident Report* that includes a written or dictated statement from the child. These written reports will be forwarded to the Child Haven Manager.

10500. Settling Into the Cottage

Once the child has seen his/her assigned cottage and bed, the on-duty CD staff member will provide for the child's security and comfort by addressing: (1) ongoing contact with family, and (2) help with the child's clothing and other personal possessions.

10510. Contact With Family

Child Haven is a temporary placement. At the time of admission, children are assured that Child Haven staff will help them have frequent contact and visitation with their families and friends.

- Prior to the Protective Custody Hearing, **any** person wishing to visit or telephone/send letters to the children must be approved by the child's investigator/case manager and recorded in UNITY. This information is available to all CD staff.
- After the Protective Custody Hearing, it is the right of the children to visit and have telephone or mail contact with parent(s) and sibling(s) unless specifically prohibited by a *Court Order*. Any other contacts (e.g., other family members, attorneys) must be authorized by the child's permanency case manager and their names entered in UNITY. This information is available to all CD staff.
- After the Protective Custody Hearing, the investigator/case manager will develop a written *Visitation Plan* for the child and family. This plan designates who is allowed to visit with the child, the frequency of visits, and the level of supervision required. Family visits may take place in Child Haven cottages, at the FVC, or at another location. The *Visitation Plan* may include a referral to the Family Services Visitation program.
- Child Haven staff members **never** withhold or threaten to withhold contact by mail, by telephone, or in-person with parent(s)/legal guardian(s) as a means of control or discipline. However, a child may be unable to attend a scheduled visit due to a clinical/behavioral crisis. When this is the case, the Child Haven staff member who is coordinating the visit will attempt to reach the parent(s)/legal guardian(s) by telephone, or when that is not possible, inform the parent(s)/legal guardian(s) in person of the current circumstances and attempt to reschedule the visit.
- If a child decides that (s)he does not wish to have telephone contact or visitation with a parent(s)/legal guardian(s), (s)he will not be required to do so unless there is a *Court Order*.

The case manager will be notified by e-mail so that this issue can be addressed in the *Case Plan*.

- Any visits or telephone contact with Child Haven residents by authorized persons are documented in UNITY by the CD staff.

a. Telephone Contact

All children in custody at Child Haven have the right to place and receive telephone calls that have been authorized by their investigator/case manager.

(i) Authorization

When each child is admitted to Child Haven, the investigator/case manager will provide authorization for telephone contact. The primary worker authorizes telephone contact as follows:

- The parent(s)/legal guardian(s) is automatically authorized for telephone contact unless there is a “*No Contact*” *Court Order* in effect. Child Haven staff may accept verbal direction for “No Contact” from the worker that is valid for up to twenty-four (24) hours. This verbal authorization is noted on the *Shift Log*. Once this time has elapsed, Child Haven must have a copy of the *Court Order* and/or evidence that the *Court Order* has been entered in UNITY.
- Other relatives may be authorized for telephone contact at their request or at the request of the child or parent(s)/legal guardian(s). If any other relative wishes to be on the child’s *Telephone Pass*, there must be prior authorization from the primary case manager based on a current *Court Order* or other evidence gathered in interviews and contact with the child and family.
- If the child wishes to have any other persons authorized for telephone contact, (s)he must receive prior authorization from his/her case manager. The child can obtain this authorization by direct request, or a request made through his/her assigned CD staff to his/her investigator/case manager.

Once authorization for telephone contact is established in the *Telephone Pass*, children may **only** have telephone contact with authorized persons.

(ii) Making and Accepting Calls

Children may accept or make telephone calls as follows:

- A child may place or receive a call from his/her case manager at any time. The child will be allowed to leave a voice message if the investigator/case manager is not immediately avail-

able and make a reasonable number of follow-up calls if the investigator/case manager does not return the child's call. CD staff and/or supervisor may attempt to contact the investigator/case manager or supervisor.

- Each cottage has established hours, usually after dinner, during which a child may make or receive telephone calls.
- Outside of these times, a child may receive telephone calls from his/her parent(s)/legal guardian(s) if the child is available (i.e., not in school or another scheduled group activity).
- Within CHATTA, a child may make telephone calls to or receive calls from his/her parent(s)/legal guardian(s) and case managers without regard to his/her behavior or privileges. As children earn privileges, they are allowed to call other persons listed on their *Telephone Pass*.
- When a child wishes to place a telephone call, the CD staff member will dial the telephone number listed on the *Telephone Pass* and ask for the authorized party. Once that person is on the telephone, the call is turned over to the child.
- If there is a *Court Order* stating that the telephone calls must be monitored for certain content, the CD staff member will inform both parties that (s)he is monitoring the call. CD staff will listen on the telephone. If the conversation turns to a subject that is not allowable, the CD staff member will issue one warning. If the conversation on this subject persists, the CD staff member will terminate the call. The CD staff member will document this event in an *Incident Report* and forward to copy to the case manager.
- Any visits or telephone contact with Child Haven residents by authorized persons are documented in UNITY by CD staff.

(iii) Collect Calls

Child Haven staff will **only** accept collect calls from parent(s)/legal guardian(s) (if there is not a *No Contact Court Order*) under the guidelines listed below. Acceptance of any other collect call requires prior approval by the investigator/case manager.

- Parent(s)/legal guardian(s) who call the cottages collect and are incarcerated in Clark County Jail, Clark County Detention Center, and Las Vegas City Jail may call their child collect one (1) time per day. (Parents who are incarcerated in North Las Vegas Jail may call Child Haven at no cost.)
- Staff must note in the cottage *Shift Log* when they accept a collect call and list the name of the child and the originating caller. This will prevent other staff from accepting additional collect calls on the same day.

- Collect calls will **not** be accepted from anyone who is calling from anywhere else in Clark County. Long distance collect calls will **not** be accepted.
- If there are special circumstances (e.g., a grandparent out of state) and the CD staff member believes that a collect call should be accepted, (s)he must get prior approval from the investigator or case manager and the cottage supervisor or manager.

A child may place a collect call to any individual listed on his/her *Telephone Pass*. Any visits or telephone contact with Child Haven residents by authorized persons are documented in UNITY by the CD staff member.

b. Mail Contact

Children at Child Haven may write and receive letters during their stay.

- Any child at Child Haven may receive letters or packages from his/her parents or family members. To ensure the safety of the child, all packages are subject to search by the receiving Child Haven staff.
- The children may also write letters to families and friends. When a child has written a letter, (s)he will give it to the assigned CD staff member, who will bring it to the Child Haven Administration office for mailing by clerical staff.
- If there is a *No Contact Court Order* in effect, any letters that arrive from the parties listed on the order will be given to the child's case manager.

c. Visitation at a Child Haven Cottage

(i) During Regularly Scheduled Hours

Family visits with children who have been admitted to Child Haven are conducted in the child's cottage. For children at ERC who are awaiting placement, visitations are arranged by the investigator at the FVC. For visitation at a Child Haven cottage, the following conditions must be met.

- Visits in the cottages are scheduled at times that children are reliably available, and it is best to schedule visits of parents with the entire sibling group. Child Haven establishes twelve (12), thirty (30) -minute time slots per week for visitation in the cottages. This schedule is updated regularly, and information on the current schedule is made available to CD staff and authorized visitors.

- When the family member calls to schedule a visit, CD staff will check both UNITY and the *Shift Log* to confirm that the person is authorized to visit.
- CD staff schedules the visit, ensuring that all siblings are available. CD staff confirms the time and date with the visitor and notifies the reception desk.
 - » If one child in a sibling group has a contagious illness, CD staff will arrange an individual visit.
- CD staff informs the caller that **all** visitors must present valid photo identification at the reception desk to be admitted to the campus.
- Due to space constraints, Child Haven limits the number of people at each visit to two (2) visitors per child. Any exception to this limit must be approved by the cottage supervisor or manager. For large sibling groups, the Child Haven supervisor or manager may arrange the use of the FVC.
- Visitors (parents, friends, or relatives) will be informed in writing of all visitation options and guidelines. This information is also posted in the Child Haven reception area.
- Parents are allowed to bring materials for use with their children during the visit (e.g., books, craft items). These items will be collected and returned to the parents at the end of the visit.
- In order to protect against unauthorized photographs of children, no visitors are allowed to bring cell phones on campus. Cell phones may be secured in the rotunda area lockers. *NOTE:* Family members who are physically accompanied by cottage staff for the duration of their visit may be allowed to bring their cell phones to that cottage only. The FVC staff will not allow photos to be taken.
- All items that are brought to Child Haven by visitors will be checked by cottage staff before distribution to the children. Child Haven does not allow any potentially dangerous materials to be given to children on campus (e.g., tobacco, flammable materials, food items).
- If the visitor brings the child any type of contraband, the contraband will be confiscated and the person escorted off the campus. An *Incident Report* will be filled out by the CD staff member. The incident will also be noted in the daily *Shift Log* and *Student Log*. The CD staff member will send a copy of the *Incident Report* to the investigator/case manager.
- If a child is going to a scheduled family visit in another cottage and a CD staff member is not available to escort him/her, the CD staff member must maintain visual contact until the child enters the designated cottage.

(ii) **Special Visits**

When families cannot visit their children during the regularly scheduled hours, they are encouraged to contact their case manager to arrange a visit at the FVC or a special visit at a cottage. The case manager will schedule the visit and arrange the location.

Regardless of where the visit takes place, if more than one child in a family is residing on campus, Child Haven staff must coordinate the schedules of each member of the sibling group for any visit.

- When the case manager and cottage supervisor agree to a cottage visit at a special time, the supervisor will assign a CD staff member to coordinate and maintain site supervision during the visit. The assigned CD staff member will follow all of the procedures listed above.
- When the case manager arranges a special visitation at the FVC, the FVC staff coordinates and supervises the visit. This includes contacting the CD staff member assigned to each child to ensure that the child(ren) are available and escorted to the FVC at the designated time.

(iii) Pre-Placement Visits

Placement specialists may call Child Haven to arrange a pre-placement visit with a potential foster family or provider.

- This visit may occur during regular hours or may be a special visit.
- The CD staff member will coordinate and maintain site supervision during the visit.
- The placement specialist will arrange and authorize any in-home, pre-placement visits with notice to the investigator/case manager. In-home pre-placement visits of longer than six (6) hours, must also be authorized in a *Temporary Release Agreement*. (See *Section 101120: Temporary Release Agreements*.) The placement specialist will coordinate the visit with Child Haven staff.
- The prospective foster care provider provides transportation for pre-placement visits.

(iv) Off-Campus Visits

Children may visit with their families off campus or go on pre-placement visits to a foster home with case manager authorization. When this is the case, the case manager will let the assigned CD staff member know of the planned, scheduled visitation. The case manager will pick up and return children or arrange for an authorized transporter. The CD staff member will:

- Ensure the child is available at the scheduled time.

- Ensure that the case manager signs the child out for the visitation and signs the child back in upon return. This is performed at each of the respective cottages.
- Ensure that the case manager provides a completed and court-approved *Temporary Release Agreement* if the visitation is planned for **more** than six (6) hours (e.g., a home visit). (See *Section 101120: Temporary Release Agreements*.)

10520. Clothing and Personal Care for Residents

As a temporary shelter, Child Haven maintains the safety, health, and hygiene of residents and protects their property. Child Haven provides clothing and products to help children maintain healthy habits and their personal appearance.

a. Storage of Children's Personal Property

All children admitted into the Child Haven program have their personal property, including clothing and money, inventoried, sorted, and/or stored until their release. (See *Section 10400: Admission to Child Haven*.)

- At admission, the CD staff member will provide clean, fitting clothes and arrange for the laundering of any clothing that the child has brought. The child is permitted to wear his/her own clothing on campus and to off-campus schools provided that it fits (e.g., not too tight, short) and/or not provocative (e.g., gang colors, offensive writing).
- At admission, the CD staff member inventories any clothing and property the child has brought with him/her. The CD staff member will list all items on the child's *Personal Property Sheet*. If the child is able to understand, read, and write, (s)he will sign the *Personal Property Sheet* and verify the inventory. The cottage staff member will also sign the sheet. The child's property is labeled with his/her name and placed in the cottage property area.
- The CD staff member will inform the child of the options for keeping his/her property safe and counsel him/her on the risks and benefits of each option. Children may keep their possessions (1) in their rooms and staff will make provisions for securing these items, if necessary (e.g., in a locker or other secured mechanism) or (2) in the secured cottage property area. Children who elect to store their belongings in the secured cottage property area will have access to them upon request. Children are not allowed to keep money in their possession.
- The CD staff member will note the storage location of each item on the *Personal Property Sheet*.

- When the child is discharged, the property is once again inventoried. The child verifies that all of the property is accounted for and signs the property sheet along with the cottage staff person. If the child cannot read and write, the person (family member, case manager, or placement resource) who is accepting and/or transporting the child signs the property sheet.

b. Contraband/Harmful Materials

In addition to the inventory of personal property, all children and their personal property will be searched for contraband at the time of admission to Child Haven. Contraband consists of any illegal or potentially harmful material (e.g., weapons, cigarettes, drug and smoking paraphernalia).

- Youth will be oriented and assigned to a cottage before a search is conducted. CD staff on duty will inform the youth being admitted that the purpose of the search is to ensure the health and safety of all the children in Child Haven.
- The search will be conducted in such a manner and place as to cause the youth the least possible embarrassment.
- The CD staff member will search each youth and his/her property as follows:
 - » Inspect all personal property (purses, handbags, suitcases, backpacks, etc.) for illegal or harmful items. *NOTE:* No child in protective custody is allowed to use tobacco. Parent(s)/legal guardian(s) will be informed that they cannot consent to the use of tobacco by a child in protective custody.
 - » The youth will empty their pockets and the staff will review the contents.
 - » When a child has been off campus or had a visitation, the CD staff member will be vigilant about continuing surveillance for evidence of contraband on the child's person or in his/her room. When there is evidence to suspect that the child has acquired a harmful object (e.g., cigarettes or other drugs), the CD staff member will inspect the child's personal property and room.
- The CD staff member will call 311 to request that the police come and take possession of any found illegal contraband (e.g., drugs or weapons). The CD staff member will securely dispose of any other contraband (e.g., cigarettes, smoking paraphernalia).
- The CD staff member will complete an *Incident Report*, document the incident in UNITY, and notify the case manager.

c. Dress Standards for Residents

At admission, the CD staff member will ensure that each child is provided with clean, fitting, and weather-appropriate clothing. On a daily basis, the CD staff member will ensure that each child is neat, clean, and appropriately dressed for the day's activities.

- All children will be provided with clean and fitting outer garments, undergarments, socks, and shoes. Weather and activities will be taken into consideration when providing clothing.
- Children are also permitted to wear their own clothing provided it meets the following guidelines.
 - » No children will be allowed to wear anything to affiliate themselves with a gang or clothing with pictures or sayings that may be offensive.
 - » All children's pants will fit snugly around the waist, or a belt will be utilized if necessary.
 - » All girls' shirts will fit modestly and will not be cut too low or expose the midriff. Skirts and shorts will be of modest length.
- Baseball caps or hats of any kind will only be worn outside.

d. Grooming

The CD staff member will help the child be clean and well-groomed at all times. Children will be allowed to have their hair cut if permitted by the parent or for obvious reasons of health and hygiene. The child's physical presentation will not be changed unless the parent requests a change. Barbers will not be allowed to shave shapes/words into a child's haircut.

- If the child's hair must be trimmed for health or hygiene reasons and parent or case manager permission cannot be obtained, the CD staff member will obtain supervisory approval before the hair is trimmed.
- The name of the person granting permission (i.e., parent, case manager, or supervisor) will be noted in the *Shift Log*.
- The case manager will be notified that the child's hair has been trimmed and who granted permission.

10600. Daily Supervision of Children

Child Haven staff members are responsible for the safety and welfare of children residing in Child Haven and will assist one another with duties of child supervision. This includes maintaining visual supervision of all children during waking hours and bed checks at night. Child Haven has established staffing ratios to ensure that children are safe, supervised, cared for, and engaged in the CHATTA program.

a. Visual Supervision of Children

Child Haven full-time and part-time direct care staff maintain visual and/or auditory contact with the children during all waking hours. The supervisor of each cottage, with the Child Haven manager or campus lead, will ensure that there are adequate staff to child ratios for supervision of the children.

Direct care staff will:

- Know the whereabouts of each child within their cottage at all times and conduct head-counts at established intervals.
- Maintain direct visual supervision of all children inside the cottage. If other duties interrupt visual supervision (e.g., meal preparation), staff will periodically conduct a visual check on each child at least every fifteen (15) minutes. If an individual child requires closer supervision, the staff member will keep the child close to him/her while completing the other duties.
- Maintain direct visual supervision of all children outside of the cottage, on campus, or for any off-campus activities. This includes movement between campus buildings.
- Participate in the general supervision of all children on the Child Haven Campus. For example, if a staff member observes problems between children from another cottage, (s)he will report the issue to the staff supervising that cottage.
- Enforce cottage rules to preserve safety and confidentiality (e.g., children are not allowed to access the cottage desk).
- Allow children on campus (inside or outside the cottage) to meet privately with authorized professionals (e.g., psychological services/therapists, district attorneys, CASA volunteers). In allowing unsupervised/private consultations, staff must exercise caution and good judgment related to the child's behaviors at the time of the visit. If the staff member has any concern about the safety of the child or the visitor, (s)he must seek supervisor guidance and permission for an unsupervised visit.
- On occasion, children who have demonstrated their ability to manage daily activities through Achievement Status may be allowed to conduct certain activities without direct supervision

(e.g., playing or studying outside, movement to another campus building for a prearranged/approved purpose).

- Part-time staff generally provide supervision in the presence of full-time staff. Full-time staff may delegate independent supervision of children independently based on: (1) the experience of the staff member, (2) the familiarity of the staff with the particular children in a group, and (3) the manageability of the behaviors of the children individually and as a group. Based on this information, the part-time staff may supervise one (1) to eight (8) children ages six (6) and older and one (1) to four (4) children ages zero (0) to six (6).

b. Bed Checks

The on-duty CD staff member will check every assigned bed at one (1) -hour intervals when the children are sleeping. Bed checks must be conducted more frequently if the child has special medical or clinical needs/risks. The CD staff member will:

- Review the *Bed Chart* to confirm which beds are assigned and which are vacant.
- Visually ensure that the child is in bed. If the child is fully covered by bedding, the CD staff member will remove bedding until some part of the child is visible.
- Monitor the child's breathing.
- If the child is not in his/her bed, the CD staff member will conduct a thorough room and cottage search.
- If the child is not found, the CD staff member will immediately notify the supervisor/cottage lead. The cottage lead will initiate the actions for runaway or missing youth.

c. Staffing Ratios and Special Needs

Child Haven maintains staffing patterns on each shift that ensure a safe and secure environment in each cottage.

- The staffing ratios are: one (1) worker for four (4) children for younger children and one (1) worker for every six (6) children for older children.
- Staffing patterns in the cottages are checked during the day shift and swing shift by the campus lead. They are also checked routinely by the manager.

- The cottage supervisor manages staffing assignments to ensure adequate coverage. If the supervisor is not available, the campus lead can authorize staffing changes. Options include:
 - » Redeployment of CD staff.
 - » Reassignment of full-time staff in order to release part-time staff.
 - » Assignment of additional full-time or part-time staff.
- If there is a child with special needs or a severe behavior management problem and it is difficult to maintain a safe and secure tone in the cottage without extra staff, then the cottage supervisor should be notified so that authorization for extra staff can be made. If a cottage supervisor cannot be reached, the campus lead will make the determination for authorizing extra staff.

d. Campus Lead Responsibilities

All senior CD staff members on the Child Haven Campus will rotate the campus lead responsibilities.

- Each month, a schedule is posted in each cottage designating one person as the campus lead for each day of the week.
- The campus lead will call each cottage at the beginning of the shift and obtain a staffing pattern count. (S)he will ensure that the campus staff-to-child ratios are met.
- The campus lead will make assignments and reassignments as needed to ensure that each cottage's census and staffing comply with licensing and safety requirements.
- The campus lead will also make decisions regarding emergency situations that may arise on the campus in the absence of the Child Haven manager.

e. Shift Log

Each cottage maintains a daily log to chronologically document all shift events.

- All of the cottages use the *Shift Log Sheets* to document shift activities. The *Shift Log* documents the staff on duty, activities in the cottage, and observations about the residents.
- A CD staff member from each shift records the date, time, and the number of children residing in the cottage.

- Throughout the shift, the CD staff member records critical daily activities (e.g., any new children admitted, children discharged or temporarily released, medical issues, contact with family or other visitors).
- Any behaviors that required an intensive teaching intervention or Mandt® intervention are noted in the *Shift Log* and UNITY.
- At the end of each shift, a CD staff member records the number of children and indicates the general status of the group dynamic and any anticipated needs of residents during the shift.

Each arriving staff member, at each shift change or redeployment to a cottage, must read and initial the shift log.

f. Shift Exchange

The shift exchange ensures that pertinent information about the children is brought to the attention of staff on each shift. Staff members are expected to read and initial the *Shift Log* at every shift exchange.

- Full-time staff member(s) from the arriving shift will conduct the shift exchange with the full-time staff member(s) of the outgoing shift. Arriving staff must arrive promptly to complete the shift exchange.
- At a minimum, the following items must be covered in the shift exchange:
 - » The number of children in the cottage and the *Bed Chart*. The *Bed Chart* includes color coding to indicate a child's special needs, if any. These codes are **not** to be shared with children. The shift exchange discussion will note any special issues related to the color coding (e.g., behaviors, risks), and use the *Shift Log* to guide a review and summary of the child's day.
 - » Review the shift log and obtain clarification, if needed.
 - » New admissions, including the child's name, location, and special instructions.
 - » Discharges/releases, including runaways and their possible location and plans for return.
 - » Any information from investigators/case managers (e.g., *No Contact Court Orders*, *Visitation Plans*).
 - » Any information from the MCM unit or the Medical Services unit (e.g., current medical memos, medication instructions).

- » Any information for each child related to CHATTA privileges, intensive teaching interventions, or *Incident Reports*.
- In addition, outings that might affect both shifts are discussed, and the cleanliness of the cottage is checked.

10700. Preparing the Child for School

Children admitted to the Child Haven shelter program attend school either at the on-campus school or at the school in which they are currently enrolled. The investigator/case manager provides information on safety in the school setting to guide enrollment decisions.

10710. On-Campus School

The Clark County School District provides an education program for all school-aged children while they are in protective custody at Child Haven. After a child is admitted, (s)he will attend school on the Child Haven Campus the next school day. The Child Haven staff will assess the child's educational needs, and:

- The JCS registrar will inform the child's home school that the child is in protective custody and that (s)he should get attendance credit for attending school through the Child Haven program.
- Each child will take a *Progress Report* from the cottage to the Child Haven school each day. The teaching staff is trained in the CHATTA program and utilizes the program with the assistance of the Child Haven staff.
- At the end of each day, children earn positive or negative consequences for their behavior in the classroom. If a child is removed from the classroom by a teacher for inappropriate behaviors, then the teaching staff and cottage staff work with the child so that (s)he may return to school.

10720. Community School

Most children will attend school on the Child Haven Campus for the duration of their stay. However, there are some instances when a child's needs are better met if (s)he continues to attend his/her home school within the community.

- Most of the children who continue in their home school either attend special education classes or are attending high school and are in good academic and attendance standing.

- If a child would benefit from continuing in his/her home school, the child's assigned CD staff member will contact the investigator/case manager to determine whether it is safe for the child to attend school off campus.
- Once the investigator/case manager and CD staff member agree, the CD staff member will make arrangements with the school district's transportation office to transport the child to school each day.
- The investigator/case manager will arrange to have an open, temporary release agreement signed by the master or judge authorizing the temporary release each day.
- The CD staff member will ensure that the child is dressed, has a packed lunch, and is in front of the Claude Howard Children's Center each day to get on the bus. A cottage staff person will wait with the child until the bus arrives and will ensure that the child gets on the bus.
- If during the day the school calls and informs the cottage staff that the child is sick or needs to be removed from school, then a staff member must go to the school and pick the child up.

10800. Child Haven Active Teaching Treatment Approach

Child Haven provides a safe, comforting, and homelike environment for children who have been removed from their homes on an emergency basis. Each cottage has a regular and reliable daily schedule for residents: meals, school, after-school activities, a daily meeting, homework, telephone times, and bedtimes. The schedules and activities at each cottage may vary slightly based on the ages, needs, and interests of current residents. CD staff members in each cottage manage these daily activities. The CD staff member also schedules and documents any additional activities for each child (e.g., appointments for medical or clinical care, visitation, and special activities). However, the primary responsibility of the CD staff member is the care, protection, and teaching of the child.

All staff members are trained in CHATTA. CHATTA is an interaction style based on natural, logical, and meaningful rewards and consequences. This approach is based on normal developmental needs of children, adapted from the Boys Town Village family teaching model, assists children with social/emotional learning, life skills development, and management of their own behaviors. CHATTA teaching interventions are individualized and based on the needs and strengths of each child, but CHATTA also provides a consistent communication style that is essential in group living. Learning is reinforced by an earned point system; children can use points for special activities or privileges.

10810. CHATTA Competencies for Staff

The CHATTA program uses teaching as a structure to build good relationships between staff and residents and among residents. The theoretical basis of CHATTA is that behavioral change occurs as a result of reinforcing the appropriate use of social skills and giving negative consequences for inappropriate behavior. The CHATTA method uses reinforcement methods until the child's behavior improves.

In using this approach and method, the CD staff member is expected to demonstrate the knowledge, skills, and values outlined below, which are fully described in *Effective Skills for Child-Care Workers: A Training Manual From Boys Town*.

- *Professionalism* – Skills in orienting action and responses to children, other staff members, and the general public about the role of a CD staff member.
- *Social Skills* – Skills in promoting the development of social skills in children and adolescents, including understanding and overcoming barriers to learning as a result of abuse, neglect, emotional problems, behavioral problems, or difficulties in learning.
- *Relationship Development* – Skills in building positive, constructive relationships between the staff and children.
- *Tolerance Levels* – Knowledge of the progression of behavior change and exhibition of tolerance toward the behavior of children with special needs as they learn.
- *Principles of Behavior* – Knowledge of the basic principles of behavior analysis as used in CHATTA, including how these principles operate in daily life and skills in applying these principles when working with children.
- *Motivation Systems* – Knowledge and skills in using a highly structured motivation/empowerment system with the children. This includes the mechanics of the *Blue Point Card* and the fading of artificial or external motivators until internal motivation is established.
- *Behavior Recognition* – Knowledge and skill in formal behavior analysis. This includes skills for observing and describing what people do, for making reasonable assumptions about why they do it, and for developing strategies to maintain positive behaviors while changing negative behaviors.
- *Rationales* – Skills in consistently supplying reasons to children when teaching them skills and behaviors.
- *Effective Praise* – Skills in using effective praise when children are doing well, even if the behavior would look “normal” to others.

- *Corrective Teaching/Teaching Interactions* – Skills in using various teaching interactions over time that build on trust and promote receptivity and learning.
- *Preventive Teaching* – Skills in teaching social, basic life, and academic skills that enhance daily functioning of the child in a general way and provide alternatives to counterproductive behaviors.
- *Intensive Teaching* – Skills in reengaging the child when (s)he becomes unresponsive or unwilling to follow directions or instructions.
- *Youth Rights* – Knowledge of the basic rights of children and the specific issues involved in protecting children in care.
- *Problem Solving* – Knowledge and skills in helping children learn how to make decisions and solve problems. This includes use of the Situation, Options, Disadvantages, Advantages, Solution, and Follow-Up (SODAS-F) method of rational problem solving.
- *Self-Government* – Skills in introducing, implementing, and using the Daily Meeting to teach self-government skills and establish tolerance levels for acceptable behavior.

The Department provides basic training on CHATTA periodically and provides *Effective Skills for Child-Care Workers* to all CD staff members. If the CD staff member has questions or problems in any of these areas, (s)he is expected to seek guidance from the supervisor.

10820. CHATTA Assessment and Treatment Plans

a. Assessment and Developing a Treatment Plan

CHATTA is a behavior analysis and individualized teaching approach intended to improve a child's daily functioning. The assigned CD staff member will assess each child and develop a *Treatment Plan* according to the guidelines established in *Effective Skills for Child-Care Workers*.

- At admission, the assigned CD staff member will orient the child to the CHATTA teaching approach and answer any questions that the child has. The CD staff member will inform the child that a formal plan to earn points will be developed within three (3) days and that the child may read and sign the plan when it is finished. In this orientation, the CD staff member will help the child understand the expectations of living in a group environment and set initial goals (e.g., adapting to a new environment, following instructions, planning to make a more individualized plan in the coming days). This is documented on the *Orientation Checklist*.

- The assigned CD staff member has primary responsibility to assess the child and identify areas of behavior that need reinforcement and those that need improvement. The CD staff member will seek additional information on the child's status and behaviors from other cottage staff, including those on other shifts.
- Within three (3) days of admission, the assigned CD staff member will develop a list of target areas within the formal *CHATTA Youth Treatment Plan* located in UNITY and tools provided by Child Haven. The assigned CD staff member **must** seek the assistance of his/her supervisor in the development of plans for children with extreme or complex presentations (e.g., learning or language barriers).
- The *Treatment Plan* must link a plan for teaching a specific skill with **each** target area. Some skills may be listed several times. When the CD staff member presents the plan to the child, (s)he should inform the child that mastery of a specific skill might help them in several target areas. This is a powerful motivator for some children.
- The *Treatment Plan* must list the suggested teaching interactions so that all cottage staff can be consistent in teaching to the target areas.
- The supervisor will review and approve the *Treatment Plan*.
- The *Treatment Plan* will be reviewed and discussed with the child when it is completed. The plan will also be reviewed with the child at completion and at any time that it is updated and modified. Both the CD staff member and the child (if (s)he can write), will sign the *Treatment Plan*.
- The completed *Treatment Plan* will be shared with all cottage staff in two forms. A copy of the *Treatment Plan* will be available in the child's file, and the assigned CD staff member will verbally present and discuss the approved and signed *Treatment Plan* at the next regularly scheduled staff meeting.
- A copy of the initial *Treatment Plan* will be provided to the child's in-home or permanency case manager.
- The assigned CD staff member will monitor the implementation of the *Treatment Plan* and will update and modify the plan weekly or at any time that a significant change is made in the *Treatment Plan*.
- Upon discharge, the assigned CD staff member will review the child's status and progress and provide a brief summary of strategies that were effective in teaching the child in a UNITY case note.

b. Monitoring and Modifying the Treatment Plan

(i) Child Haven Assessment Team

Each child at Child Haven is assigned a primary counselor who is a senior CD specialist. On a weekly basis, Child Haven management convenes a Child Haven Assessment Team meeting attended by the cottage supervisors and invited participants (e.g., primary counselors, MSU nurses, other professionals) to discuss the CHATTA *Treatment Plan* and progress of each child in residence. Particular attention is given to the progress and any special care-giving needs of each child who has been in residence five (5) days or longer.

(ii) Special Needs Identification

At this Child Haven Assessment Team meeting, participants preliminarily identify any developmental/educational, clinical/behavioral, or medical needs of each child. For any identified needs, the Assessment Team makes plans to obtain a professional assessment and, if needed, treatment or services.

All children ages six (6) and older who are removed from their homes receive a *Uniform Psychological/Psychoeducational Assessment* within thirty (30) days of entering emergency and/or foster care placement. As the caregiver, Child Haven will receive the child's *Medical Passport*, which contains an instruction sheet for obtaining these assessments. The Medical Services Unit will implement this procedure. The results of the assessment will guide CHATTA Treatment Plan development and modifications.

(iii) Developmental/Educational Needs

Early Intervention

For children ages zero (0) to five (5), the primary counselor will complete a child development assessment using the tool and protocol provided by Nevada Early Intervention Services. The protocol requires that the primary counselor interact with the child and ask him/her to perform a number of tasks. The child's performance of these tasks is rated on the checklist in the assessment tool. The primary counselor also observes and notes the child's behavior during times of distress and/or elation.

Each week, consultants from Nevada Early Intervention Services and the Clark County School District Child Find Project are on campus to receive referrals for their program and to begin initiating services while the child is still at Child Haven. If services are needed, the primary counselor will:

- Obtain the recommendation for a community provider from the Nevada Early Intervention Services consultant.

- Notify the in-home/permanency case manager in order to obtain parent/legal guardian consent for services. The CD staff member may not consent to services of any kind.
- Work with the investigator/case manager to complete the referral to the selected community provider for services while the child is in residence.
 - » If the child was already enrolled in early intervention services, it is the responsibility of the investigator/case manager to arrange transportation for early intervention appointments.
 - » If a child has any appointments pending at the time of his/her release, the CD staff member will provide the caregiver (i.e., family or foster care provider) with a letter providing details on the child's next appointment.

If a child does not require any early intervention services, the CD staff member will provide the caregiver (i.e., family or foster care provider) with a letter informing him/her that the developmental assessment was completed and that the child does not need specialized services.

Special Education

The Assessment Team will routinely review the child's academic performance and behavior in school. The CHATTA *Treatment Plan* will include strategies to address any school-related problems, and these will be noted in UNITY. If the Assessment Team believes that the child needs a professional educational assessment, the investigator/case manager will be notified. The investigator/case manager will contact the child's home school and/or current school to obtain an educational assessment to determine whether the child needs special education services. The CD staff member and Child Haven school will provide any information on the child's education that is requested by the investigator/case manager.

Clinical/Behavioral Needs

The Assessment Team will routinely review the CHATTA *Treatment Plan* and the child's progress. The CHATTA *Treatment Plan* will include strategies to address any behavioral problems. These will be entered in UNITY. If the Assessment Team believes that the child needs a professional clinical assessment, the CD staff member will make a referral to the Department's FCS unit, and the investigator/case manager will be notified.

The FCS unit will conduct or arrange for an appropriate clinical assessment of the child. If the child needs ongoing clinical treatment, the primary counselor will:

- Obtain the recommendation for a community provider from the FCS unit.

- Notify the in-home/permanency case manager in order to obtain parent/legal guardian consent for services. The CD staff member may not consent to services of any kind.
- Work with the investigator/case manager to complete the referral to the selected community provider for services while the child is in residence.
 - » If the child was already enrolled in treatment, it is the responsibility of the investigator/case manager to arrange transportation for counseling appointments.
 - » If a child has any clinical appointments pending at the time of his/her release, the CD staff member will provide the caregiver (i.e., family or foster care provider) with a letter that provides details on the child's next appointment.

If a child does not require any early intervention services, the CD staff member will provide the caregiver (i.e., family or foster care provider) with a letter informing him/her that the clinical assessment was completed and that the child does not need specialized services.

Medical Needs

The Child Haven MSU routinely observes all residents and provides primary healthcare for children at Child Haven. If the MSU identifies any need for additional medical services or treatment, it works with the Department's MCM unit to arrange for those services.

If in a weekly Assessment Team meeting, the participants have a question about the child's health or suspect an unaddressed medical need, the primary counselor will make an immediate referral to the MSU.

10830. Teaching Interactions

The CHATTA program outlines three (3) categories of teaching interactions that shape all of the interactions of the CD staff member and the child. These are: corrective teaching, preventive teaching, and intensive teaching. Each of these categories has a specific goal as follows:

Category	Goal
Preventive Teaching	To promote new skills and increase the child's opportunities for success.
Corrective Teaching	To build new skills in a specific situation or for a specific task at a specific moment in time.
Intensive Teaching	To reengage the child when (s)he has withdrawn from the learning process and maladaptive behaviors are escalating.

The assigned CD staff member will implement these teaching methods according to guidelines established in *Effective Skills for Child-Care Workers*.

a. Preventive Teaching

Preventive teaching is used when building new skills in a specific situation or task in that moment in time. For example, in a new task (e.g., the child is asked to prepare to go to school and it is clear that (s)he does not know how to gather his/her things), the CD staff member will assist the child with decreasing prompts each time it is practiced. Each step uses fewer prompts as children master the skill.

Step 1: Planned Teaching <ul style="list-style-type: none"> • Offer initial praise. • Explain the skill and give examples. • Describe or demonstrate skill. • Offer rationale. • Request acknowledgment. • Offer practice feedback. • Praise. • Describe behavior. • Enforce positive consequences. • Plan future practice/praise. 	Step 2: Pre-Teaching <ul style="list-style-type: none"> • Reintroduce skill. • Describe skill or behavior. • Give rationale. • Request acknowledgement. • Practice. • Provide feedback. • Plan future use. Step 3: Preventive Prompts <ul style="list-style-type: none"> • Provide reminder of skill. • Request acknowledgement. • Provide praise.
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The assigned CD staff member will implement this teaching method as directed in the *Treatment Plan*. Successes and struggles should be documented in the *Shift Log*. Additional examples of this teaching intervention are described in *Effective Skills for Child-Care Workers*.

b. Corrective Teaching

Corrective teaching is a nine (9) -step teaching interaction that is used to offer a behavioral alternative to the child whenever needed. The assigned CD staff member will implement this teaching method as the opportunities emerge. To offer an alternative to a child, the CD staff member will:

- | |
|--------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Offer initial praise or empathy. |
|--------------------------------------------------------------------------------------|

- Describe or give an example of inappropriate behavior.
- Describe or demonstrate alternative behavior.
- Offer rationale.
- Request acknowledgment.
- Practice the behavior with the child.
- Offer feedback.
 - » Praise.
 - » Specific description/demonstration.
 - » Positive consequences.
- Offer general praise throughout the interaction.

Since this approach is based on maximizing a teaching moment, the target skill does not need to be included in the *Treatment Plan*, but successes and struggles should be documented in the *Shift Log*. Additional examples of this teaching intervention are described in *Effective Skills for Child-Care Workers*.

c. Intensive Teaching

This teaching approach is used by the CD staff member when it appears the child is losing control of his/her behavior and needs to be reengaged. The CD staff member begins reengagement with simple communications and escalating, small consequences. Often this is enough to end the episode. If not, the CD staff member applies the crisis intervention teaching method. When either method ends the episode, the CD staff member will enter the intensive teaching method that summarizes the learning and moves the child forward.

Stage 1: Preventive Teaching	Stage 2: Crisis Intervention
<ul style="list-style-type: none"> • Provide preventive teaching/prompting. • Enforce consequence for initial behavior. • Give simple, firm instruction (pause). • Empathize. • Provide simple, firm instruction (pause). • Enforce small consequence (point fine). • Empathize. • Give simple, firm instruction. • Enforce Five (5) -Second Rule (if 	<ul style="list-style-type: none"> • Provide positive correction statement. • Describe inappropriate behavior. • Describe appropriate behavior. • Provide simple, firm instruction. • Empathize. • Repeat instruction. • Provide positive correction statement. • Keep repeating these steps until the youth regains self-control.

necessary). <ul style="list-style-type: none"> • Enforce medium consequences (point fine). • Empathize. • Enforce large consequences (point fine). 	
When either intervention has ended the episode, the CD staff member will acknowledge completion by entering Stage 3.	
Stage 3: Intensive Teaching <ul style="list-style-type: none"> • Offer praise. • Pre-teach “accepting consequences.” • Write down negative point consequence. • Discuss and record. <ul style="list-style-type: none"> » Positive consequences. » Following consequences. » Accepting consequences. • Role play. <ul style="list-style-type: none"> » Following instructions. » Appropriately disagreeing. » Original issue. » Apologizing. » Teaching interaction on the original issue. 	

Since this approach is based on reengaging the child when there is a problem, the event and its results **must** be documented in the *Shift Log*. Additional examples of this teaching intervention are described in *Effective Skills for Child-Care Workers*.

d. Modification for Children With Limited Communication Skills

Teaching interactions are also used with children with possible learning deficits or limited communication skills. The nine (9) -step teaching interaction is abbreviated, and the CD staff member will use only a few, age-appropriate words in his/her instructions. The CD staff member will use the same, but shortened, approach as described in *Section 10830b: Corrective Teaching*. This includes the following steps:

<ul style="list-style-type: none"> • Offer initial praise or empathy.

- Describe or give an example of inappropriate behavior.
- Describe or demonstrate alternative behavior.
- Request acknowledgment.
- Offer general praise.

In working with children with learning deficits or limited communication skills, the CD staff member **must** seek the guidance of a supervisor.

10840. Other Behavioral Interventions

When a child's behavior cannot be brought under control through the CHATTA teaching interventions, the CD staff member may employ one (1) of three (3) other techniques to preserve the safety of the child and the campus. These are described below.

a. The Five (5) -Second Rule

When a child loses self-control in the presence of other children, then the Five (5) -Second Rule may be called to create a safe environment.

- When the CD staff member who is managing an intensive intervention needs to reduce risk to the child or to other children present, (s)he will ask other children to either leave the building in the company of staff or go into their bedrooms (closing the door is optional).
- All children are made aware of the purpose and expectations of the Five (5) -Second Rule through pre-teaching and practice.
- Children are not allowed to start snacks, showers, visit with other children, watch television or use the telephone while the rule is in effect. Once the staff has control of the situation and releases the Five (5) -Second Rule, then all of the children will meet in one designated area for further instruction and information.
- Children are aware that large positive points are awarded to the children for following instructions.
- The incident is documented on an *Information Report*, the *Student Log*, and *Daily Shift Log*. The supervisor and caseworker will be notified. The information is also verbally shared with the on-coming shift during the shift exchange.

b. The Mandt System

It is the policy of DFS to provide uniformity and consistency in handling juveniles exhibiting out-of-control behaviors by using the least restrictive behavior management techniques as defined by the Mandt System. All new full-time and part-time staff must successfully complete three (3) days of intensive training to learn this technique. Each current CD staff member receives annual reviews of the Mandt System with his/her supervisor. Employees requiring recertification undergo a one and one-half (1½) -day recertification training.

To prevent the possibility of serious injury to staff and children, the least restrictive behavior management techniques of Mandt are used to de-escalate hostile or potentially hostile situations involving children. The Mandt System is a systematic program designed to help workers de-escalate themselves and others when facing difficult situations.

The Mandt System teaches a graded system of alternatives using the least amount of external management necessary in all situations. The philosophy of The Mandt System is based on the principle that all people have the right to be treated with dignity and respect. The Mandt approach teaches non-pain-inducing techniques with a number of intervention approaches.

If any CD staff member uses any of the Mandt techniques with a child, (s)he will complete an *Incident Report* describing: (1) the child's behaviors, (2) types of de-escalation techniques utilized before a Mandt hold was initiated, and (3) if necessary, the exact type of Mandt hold that was applied.

c. Time-Out for Young Children

Child Haven does not admit children under the age of six (6) years old except in special circumstances. When a young child is admitted, the only appropriate intervention for a severe behavior is a time-out. This involves removing the child for a small amount of time, immediately after an unsafe or age-inappropriate behavior.

- Immediately following a problem behavior, tell the child what (s)he did and take him/her to a time-out area. Explain to the child what time-out is.
- The limit of any time-out is one (1) **quiet** minute for every year of age of the child.
- If the child leaves the area before the time is up, say nothing and calmly and physically return the child to the area.
- If the child misbehaves while in time-out, do not say anything, and ignore anything that is not dangerous to the child or other children.

- When the time-out period is over, ask the child if (s)he is ready to get up. The child must answer yes in some way before permission for him/her to get up is granted.

All time-out interactions must be documented on the *Shift Log*.

10850. Motivation System – Point Cards

The system of external motivators in the CHATTA system is the ability to earn points to gain privileges. A point card system is used to help children to learn and practice the social skills they are taught.

a. School-Aged Children

- At least sixty (60) percent of the CD staff member's teaching interactions should be geared toward a child's target areas. When children are consistently unable to earn their privileges, the CD staff must reevaluate the *Treatment Plan* to insure that their target areas are achievable and the motivation system is meaningful to that child.
- Adolescents will use the *Blue Point Card* motivation system. Positive points are earned for positive behaviors, and negative points are earned for negative behaviors.
 - » On the basic system (daily) a child needs a balance of at least 10,000 positive points at the end of the day to earn privileges for the next day.
 - » The youth carry their *Blue Point Cards* and mark down any teaching interactions as they occur. Once any points are earned, whether they are positive or negative, the youth will write them on the blue card, along with the type of teaching interaction and the staff person delivering the points will initial the card.
- Elementary school-aged children have their points recorded on the *White Motivation Sheet*.
 - » The cottage staff records all of the points and interactions rather than the child. This system is totaled two (2) times a day.
 - » At the middle and end of the child's day, the staff totals the points. A child has to have a balance of at least five thousand (5,000) positive points at mid-day to earn his/her privileges for that afternoon. At the end of the day, the child needs a balance of at least five thousand (5,000) positive points for the afternoon to earn his/her privileges for the next day.
- The cottages must use a standardized privileges menu, but they may also have their own special motivation systems that are implemented within the framework of the program (e.g., "King of the Mountain" or "Queen of the Castle").

b. Preschool Children

Child Haven does not admit any child under the age of six (6) except in limited circumstances. When a child under age six (6) is admitted:

- CHATTA teaching and motivation systems are modified as described above in *Section 10830d: Modification for Children With Limited Communication Skills*.
- The CD staff member will use an all-positive motivation system.
- The CD staff member may use a *Bubble Chart*. The CD staff member will help the children stamp a picture in a bubble on their chart after they perform a task (e.g., putting on their shoes, making their beds). At the time the skill or task is completed, the CD staff member will offer praise. The CD staff member will also sign or initial each stamp awarded.

10860. Privileges

Earning privileges is a cornerstone of the CHATTA system. Privileges are in addition to the basic rights of the child.

- Each cottage uses the same privilege menu. The privileges are on display in each cottage.
- There is also a limited privilege menu for children who do not earn their regular privileges. Every child will have some type of privilege each day, no matter what their point balance is.
- All children will be allowed to attend group outings even if they do not have their privileges for that day.

The CD staff member will be available to the child to help with decision making and selection of privileges.

10870. Exceptional CHATTA Status

The majority of children operate comfortably within CHATTA, and the CD staff have flexibility in treatment planning and teaching interventions to ensure the child's understanding of the system and success. However, some children do exceptionally well and others struggle within CHATTA. For this reason, CHATTA has two types of exceptional status.

a. Achievement Status

Child Haven is a temporary shelter for children who are awaiting return home or an alternative placement. Rarely, some children have longer lengths of stay. For these children, working toward Achievement Status offers three benefits: (1) opportunities to continue to earn positive points, (2) availability of special privileges, and (3) extra outings. After the child's *Treatment Plan* is developed, (s)he begins using the daily point system.

- While the daily point reconciliation for each child decides the next day's privileges, Achievement Status is earned by having net total of one hundred and fifty thousand (150,000) positive points over the course of the stay at Child Haven.
- The assigned CD staff member may nominate a child for Achievement Status. The CD staff member will nominate children who: (1) have achieved their targeted behaviors, (2) continuously demonstrate a positive attitude, (3) maintain responsible behavior by using following curriculum skills, and (4) serve as volunteers to assist peers.
- The supervisor and all cottage staff must agree that the child is ready to be given Achievement Status.
- If the nomination is accepted by consensus, the assigned CD staff member administers the achievement test. This is a written test on the child's knowledge of the CHATTA program. If the child cannot complete a written exam, the test can be administered verbally. The child must pass the test with a score of at least eighty (80) percent.
- The CD staff supervisor conducts a final interview for approval of the status and congratulates the child on his/her successes.
- Once a child has Achievement Status, a *Prompt Sheet* will be used to assess his/her daily skills/behaviors. At the end of each day an amount of points will be entered into an account. The child can use the points to purchase items or privileges that are not available to children that are not on Achievement Status.

Achievement Status will be recorded in an updated CHATTA *Treatment Plan* and entered in UNITY.

b. Subsystem Status

Within CHATTA, moderate consequences are sufficient to help a child control his/her behaviors. In addition, the CD staff may employ other behavioral interventions (e.g., Five [5] -Minute rule or Mandt System) for crisis management. However, some youth exhibit chronic and/or severe behaviors that require more intense teaching. Examples of these types of behaviors are: drug or alcohol use, stealing, police involvement, suspension from school, or elopement.

Within the framework of the CHATTA system, there is a special status called “Subsystem” that offers more supervision by the CD staff and a different incentive system to respond to chronic and severe behaviors. It is the most restrictive system in the CHATTA program and is an intensive surveillance and teaching model. No youth can be placed on Subsystem Status without the approval of the cottage supervisor.

Subsystem Status requires a child to earn extra points each day for fewer privileges. The Subsystem Status provides that the CD staff:

- Has more points to use as positive consequences in the treatment of the youth’s major target area.
- Dedicates more time to the one-to-one supervision of the youth, with a focus on noting and rewarding positive behaviors.
- Teaches specific alternative behaviors to address the target area.

Subsystem Status is temporary. The CD staff will amend the CHATTA *Treatment Plan* at the entry and exit from Subsystem Status. The amended *Treatment Plan* will be entered in UNITY.

A child on Subsystem Status loses privileges but not his/her basic rights.

10900. Special Programs

The core of the Child Haven program is providing a home-like environment for children in temporary care. The CD staff teaches life, academic, and social skills in the context of the routines of daily living. This home-based teaching approach also includes opportunities for special enrichment activities.

a. Group or Family Outings

The Child Haven staff uses community resources and off-campus activities for the purpose of creating an enriched social and recreational atmosphere in which children may develop. The manager, supervisor, or recreation leader may plan group/family outings. The participants at group outings may be a single cottage, all children on campus, or Achievement Status children. In addition to regularly scheduled and special outings sponsored by the campus, Child Haven receives donations from the community (e.g., tickets to a function or an invitation to a party) for group and family outings.

- Child Haven cottage staff must accompany children to all off-campus activities except regular school attendance and appointments authorized by the case manager and with a *Release Agreement*, if required.
- Part-time staff are not allowed to take a group of children on an off-campus outing unless accompanied by a full-time CD staff member.
- The supervisor will assign CD staff members and qualified volunteers to supervise the event for his/her cottage. For campus-wide events, the supervisors will work together to assure that all outings have adequate supervisory ratios. The Child Haven manager will approve the final staffing plan for the event.
- Child Haven staff, with supervisor approval, may schedule an activity and leave the campus with their cottage children anytime they wish. These staff members are responsible for the children's safety and security while on the outing.
- Anytime the recreation leader or cottage staff member believes that an event or activity is a potential risk to the safety, security, or confidentiality of the children in their care, they may terminate the activity and return to the campus.
- Children are allowed to attend family/group outings even if they do not have their privileges for that day. The only instance in which a child will not be allowed to attend a group outing is if (s)he:
 - » Is restricted by the parent(s) or a *Court Order* from participation in an activity (e.g., swimming).
 - » Needs to be available for court.
 - » Needs to be available for an appointment arranged by the investigator/case manager (e.g., medical, clinical, family visitation).
 - » Is being discharged while the outing is occurring.
- If a child is struggling (i.e., is out of instructional control most of the day or at the time of departure), the CD staff member may arrange for the child to be cared for under the supervision of another cottage with the approval of the supervisor and Child Haven manager.

b. Recreation

All children at Child Haven are offered recreational opportunities to explore their interests, develop skills, and relax. Recreational opportunities also improve physical fitness, motor skills, and social interactions. Recreational activities include, but are not limited to:

- Physical education programs/team participation in schools.
- Indoor games such as table tennis, billiards, and arcade games.
- Movies (age-appropriate films will be selected and R, NC-17, and X-rated movies are not permitted).
- Swimming.
- Volleyball.
- Basketball.
- Bicycle riding on the Child Haven bicycle path located on the Links For Life playground.
- Roller skating.

Child Haven recreational activities are developed and managed by the Child Haven staff with the approval of a supervisor/lead for the cottage or the approval of the Child Haven manager for campus-wide events.

- The CD staff member may bring films that (s)he has rented or use petty cash to rent movies for use in the cottage.
- All off-campus activities that are the result of a donation from the community are screened and scheduled through the Child Haven manager and approved according to Department Administrative Policies and Procedures.
- The Child Haven manager designates a specific CD staff member to supervise any approved community group that comes onto the campus to sponsor activities such as barbecues and pizza parties for the children.

The CD staff members coordinate participation by the children in their cottage and supervise them during recreation. Approved volunteers may assist in supervising recreational activities.

c. Arts and Crafts Program

The recreation leader provides an Arts and Crafts Program to allow children to explore their interests and develop skills. Arts and crafts also promote fine motor skills, creativity, and pride of creation. The arts and crafts program consists of formal classes and supervised free time in the activity center.

- The recreation leader provides each cottage with a schedule for its children to attend arts and crafts classes.
- The CD staff member will coordinate the participation of children from his/her cottage and accompany them to the activity center.
- If there are no scheduled classes in the activity center, any child wishing to use free time to work on a project may do so, providing the recreation leader supervises him or her.
- The CD staff member must check with the recreation leader before sending a child to the activity center.
- **All** staff must ensure the safety and proper supervision of children engaged in arts and crafts activities and protect the equipment from damage and misuse. Art and Crafts equipment cannot be removed from the activity room unless special permission is obtained from the recreation leader.

d. Foster Grandparents

Child Haven employs senior citizens through the Economic Opportunity Board's (EOB's) Foster Grandparent Program. Foster grandparents are part-time staff and may be assigned to a cottage or a special program.

If assigned to a cottage, the foster grandparents provide individual attention to children in their free time. This can include such activities as reading stories, building puzzles, or playing games. They may also supervise group and family outings. Foster grandparents assigned to a cottage are under the supervision of the cottage supervisor.

If assigned to the arts and crafts program, they may provide individual help to a child on a project or provide general supervision of the class. Foster parents assigned to the arts and crafts program are under the direct supervision of the recreation leader.

e. Volunteer Program

Child Haven welcomes volunteers to help the full-time staff by providing individual attention to the children. This includes both community volunteers and student interns. The use of volunteers or student interns must be cleared by the manager before they are allowed on the Child Haven Campus. The volunteers/interns may be assigned to provide added supervision in the cottages or in special programs (e.g., arts and crafts, recreation, or group/family outings).

Volunteers are treated with professional respect and have specific assigned duties. However, there are some limits placed on volunteers.

- Volunteers/interns are **not** allowed access to the *Daily Shift Log*, *Student Log*, or the children's files.
- Volunteers/interns will **not** participate in any way in admission or release of children.
- Volunteers/interns are **not** allowed to answer the telephone. Volunteers may **not** give information to parents or case managers; if they are requested to do so, they must refer the parent or case manager to an on-duty CD staff member.
- Volunteers/interns are **not** given keys to the campus or access to the security gate system.
- Volunteers/interns who have breached confidentiality with any friends, family, or school associates by discussing specific children seen will be barred from the campus.

Volunteers/interns who have any questions about the program are encouraged to discuss them with the volunteer coordinator or the cottage/special program supervisor.

(i) Community Volunteers

An individual who wishes to volunteer at Child Haven must go through a screening process. Upon receiving an inquiry, the Child Haven volunteer coordinator will send a volunteer application packet that includes:

- Welcome letter.
- General information on Child Haven.
- Information on the roles and responsibilities of volunteers.
- *Application Form*.
- *Authorization for Release of Information* for background checks.
- Information on how to obtain a health clearance.
- *Code of Confidentiality* for signature.
- *Volunteer Interest Forms*.
- *Reference Forms*.
- Map of the Family Court Building main complex.

The volunteer coordinator will follow up with the applicant within two (2) weeks to ask if (s)he has any questions.

Once the completed application has been submitted, the volunteer coordinator will schedule an interview within one (1) week.

When the volunteer is approved, (s)he will attend Child Haven's orientation program and receive an assignment from the volunteer coordinator. The volunteer coordinator works with supervisors and the Child Haven manager in making assignments.

If a volunteer wishes to offer a specific service or program to the children (e.g., pizza party, storybook reading, haircuts, religious programs, workout programs), the volunteer coordinator will discuss these opportunities with the Child Haven manager.

(ii) Student Interns

Student interns will assist in providing visual supervision of the children, help with their hygiene, and assist during arts and crafts projects. Applicants for a position as a student intern are processed by the volunteer coordinator with the same criteria listed above.

- The volunteer coordinator conducts a short orientation for all approved student interns. The orientation explains the campus program and intern duties, and limits are clearly outlined.
- Student interns are assigned to a specific cottage and work under the administrative supervision of the cottage supervisor. Student interns are responsible for obtaining and monitoring the hours they need and will submit a proposed schedule of hours for supervisor approval.
- While conducting their work, student interns will record their time by signing in and out on the *Volunteer Log* and will wear volunteer badges while they are on campus.

If a student intern is having problems getting along with the staff, children, or their job assignments, (s)he will be counseled by the supervisor. If problems still persist, then the student intern will not be allowed to complete his/her internship at Child Haven.

101000. Child Haven Medical Services Unit

The Child Haven MSU provides direct medical services to children at the ERC and for Child Haven residents. These services are provided twenty-four (24) hours a day, seven (6) days a week. The healthcare provided by the Child Haven physician and nurses is provided in accordance with

established professional standards. The MSU also maintains a set of written protocols. The information contained in this section describes the relationship between the Medical Services unit and the other Child Haven staff.

101010. Issues Identified in Pre-Placement Screening

The DFS investigator/case manager is responsible for obtaining a medical screening prior to every placement, whether it is an emergency placement or a planned placement move. This screening **may** be conducted at the Child Haven Medical Services unit or by another medical provider. At admission to Child Haven Shelter, the Medical Services staff will see each child and review the results of all pre-placement screening conducted by another medical provider. If a medical issue is identified in pre-placement screening or in the review at admission by the Medical Services unit:

- Placement specialists or MSU nurses may refer the child to a hospital or other medical facility for further examination by a medical practitioner prior to placement. When this is required, the investigator/case manager is responsible for transporting the child.
- When a medical condition is an emergency, placement specialists or MSU nurses must call 9-1-1.
- When a clinical condition presents a risk to the child, placement specialists or MSU nurses must call the FCS unit and may seek emergency hospitalization.
- When the pre-placement screening reveals that the child is currently taking psychotropic medication, the placement specialist or MSU nurses must provide notice to the FCS unit.
- Under no circumstances will Child Haven accept a youth who appears to need detoxification from alcohol or any controlled substances. Children who are already in protective custody and who appear to be under the influence of alcohol or drugs will be transported to the hospital emergency room for treatment. In acute cases, 9-1-1 may be called. After detoxification, and upon receiving the appropriate paperwork and authorization from the on-duty nurse, the child will be accepted by the Receiving Team for placement.

101020. General Information at Admission

The MSU staff provide healthcare services at admission and to all current residents on a twenty-four (24) -hour basis. The CD staff member must comply with medical instructions from the medical staff, and, in emergency situations, take necessary interim actions (e.g., first aid and/or phoning the paramedics).

- If a child has a known and confirmed medical need, the on-duty nurse will state the problem and give detailed instructions in memo form to the CD staff member at admission.
- The cottage supervisor will post medical information from the nurses in one (1) location and maintain the information on a current basis. The medical information will be reviewed by each shift or every eight (8) hours.
- If a child becomes ill or is injured while in Child Haven, it is the responsibility of Child Haven staff to transport the child for necessary medical attention. Transportation to follow-up appointments is the responsibility of the investigator/case manager. The investigator/case manager may contact the MCM unit to arrange for an authorized transporter.

The sections below describe common medical issues on campus and interim guidance. For any medical questions, the CD staff member is encouraged to call a Child Haven nurse.

101030. Communicable Disease/Universal Precautions

The use of universal precautions when dealing with children who have a communicable disease is mandatory. Universal precautions are critical when handling any bodily fluids from the children. The Child Haven staff in contact with children with communicable disease must adhere to the following guidelines:

- The use of disposable gloves is mandatory when in contact with the body fluids/secretions of any youth (changing diapers, cleaning up after a sick child, cleaning an open wound, or changing bed linen).
- Paper products will be used. Utensils will be sterilized in the dishwasher. If the dishwasher is broken, they will be sterilized in hot water and bleach.
- If a child is placed in an area that is isolated, cottage staff will ensure that no other children have contact with the child or any items the child is using.
- Washing hands continues to be the best method of preventing the spread of communicable disease.
 - » Staff should be sure to wash their hands before, during, and after the preparation of meals.
 - » Hands must be washed after each contact with a child.
 - » All staff must wash their hands before contact with a child and ensure that anyone entering the cottage washes his/her hands before contact with a child.

- Changing tables must be wiped down with disinfectant between diaper changes.
- Cribs must be sterilized and blankets must be washed before a new child uses them. After cleaning a crib, the pads must be turned.

101040. Emergency Care/Hospitalization

If an accident or other medical problem occurs that requires emergency treatment, the CD staff member will provide any necessary first aid.

- If a child is injured, in pain, or has a very high fever, the nurse must be contacted immediately. The nursing staff will decide whether the paramedics should be called. However, if the CD staff member believes that this is a genuine medical emergency, the CD staff member has the right and responsibility to call 9-1-1 immediately and then contact the nurse.
- Except in an emergency, the nursing staff will make the decision when a child needs extended medical care by a doctor or needs to be transported to a hospital.
- An *Incident Report* will be completed and submitted to the cottage supervisor. The cottage supervisor will notify the Hotline and Child Haven manager. The child's parent(s)/legal guardian(s) and investigator/case manager need to be advised of the situation as soon as possible.

101050. Transporting the Child/Hospital Admissions

If a child who has already been admitted to Child Haven needs transportation to a hospital or other medical facility, the Child Haven staff will transport the child.

- The nursing staff will make the decision when a child needs extended medical care by a doctor or needs to be transported to a hospital.
- The nurse will complete a *Medical Information Form* and have the form ready for the transporting person. The nursing staff will also designate the location of the selected medical provider.
- All children will be transported in a County vehicle unless it is determined that the child needs to be transported by ambulance. If a child goes to the hospital by ambulance, the transporting person will follow the ambulance in a County vehicle.

NOTE: Child Haven staff cannot sign or authorize any medical treatment. Department authorization for medical care may only be given by the Child Haven MSU or the MCM unit. If there is any

question or doubt about the medical coverage or authorization for treatment, the Child Haven manager should be contacted.

101060. Prescription Medication

The following procedures apply to administration of prescription medication by Child Haven Medical Services unit staff:

- When a child is admitted into Child Haven, any medication that accompanies the child will be given to the on-duty nurse. Administration of psychotropic medication requires notice to the FCS unit.
- Child Haven residents have the right to be notified verbally and/or in writing of the side effects of any medication, including psychotropic medication(s), administered by the Child Haven nurses. Child Haven residents have the right to refuse services that are not part of the *Treatment Plan*, including medication. If a resident refuses medication, (s)he has a right to be informed of any consequences.
- The on-duty nurse will administer all medications when (s)he makes scheduled rounds through the cottages. The date and time that the medication is dispensed will be entered in the cottage *Shift Log*.
- Parents or other relatives are **not** allowed to give a child any medication, including over-the-counter medications (e.g., aspirin, cough syrup) while they are visiting.
- All medical questions asked by the parent(s)/legal guardian(s) should be referred to the Medical Services unit.

101070. Sick Call/First Aid Kits

Each cottage has two (2) scheduled sick calls each shift while a nurse is on duty. At sick call, every child who has a medical, health, or dental complaint will be referred to the nurse. Referrals are entered in the daily *Shift Log* along with any resulting treatment given by the nurse. The nurse provides the results of any sick call findings to the MCM unit.

All Child Haven Staff are trained in first aid. A first aid kit is maintained in the supervisor's office for each cottage. The first aid kits are inspected weekly and kept appropriately stocked by the nursing staff. In addition to basic first aid equipment, defibrillators are kept in the Medical Services unit, the Agassi cottage and with the Receiving Team.

101080. Convulsions

Convulsions are associated with many types of injuries, illnesses, and diseases. The CD staff must be aware of the symptoms of convulsions and the correct course of action. Some symptoms and problems related to convulsions are as follows:

- May involve total body movement, or may involve just one set of muscles in the face, arms, legs, etc.
- Affected muscles may be rigid for a few seconds or for as long as half a minute.
- Altered state of consciousness or a complete loss of consciousness.
- Headache.
- Irritability.
- Digestive upset.

If the CD staff member sees signs of an impending convulsion, (s)he will immediately notify the MSU and take the following first aid actions pending the arrival of a nurse:

- Protect the child from injury.
- Help the child into a lying position.
- If the child stops breathing, administer mouth-to-mouth breathing.
- Loosen the child's clothing around the neck.
- Push away movable objects that are near the child.
- Do **not** put anything in the child's mouth.
- Do **not** force anything between the child's teeth.

When the convulsion is over, keep the child lying down and on one side so that vomit and other fluids will not be swallowed or breathed into the lungs, If the child gets up right away another attack may occur.

- After the episode, the CD staff member will place the child in a secluded room and ensure that (s)he gets undisturbed rest. A patient who has had a convulsion needs to sleep.
- The child should be checked every few minutes for labored breathing or signs of another convulsion until the nurse declares the child to no longer be in danger.

101090. Lice

All children will be checked for lice when they are initially admitted to Child Haven or if there is a reason to suspect that they may have lice.

- The on-duty nurse will check any child admitted into Child Haven for lice. CD staff will check the children regularly for lice while they are residing at Child Haven even though they may not have had lice when they were first admitted.
- If any CD staff member suspects a child may have lice, (s)he may check the child's head and also notify the on-duty nurse of his/her concerns.
- All children who have a confirmed case of lice will be kept separated from the other children until they have been treated. The Child Haven staff will treat a child for lice.

1010100. Quarantine/Communicable Diseases

If the CD staff member suspects that a child has come down with a communicable disease (e.g., chicken pox) they will notify the on-duty nurse. The physician will check the child and make the diagnosis. The nursing staff will report any diagnosed communicable diseases to the health department and licensing authority as required by law and licensing regulation.

- If the child does have a communicable disease, the physician will determine whether the cottage must be quarantined and issue an order.
- If the cottage is quarantined, signs of the quarantine will be posted on all the cottage doors. No child will be admitted into a quarantined cottage without the authorization of the nurse. (Any cottage that has provisions for a quarantine room may continue to accept children.)
- The Child Haven manager will notify the placement specialist that the cottage is quarantined.
- The nurse will post a medical memo that will state the following:
 - » Only children who have contracted a communicable disease will be required to stay in the cottage and not be around other children outside the cottage.
 - » Children who have been exposed to a communicable disease, but who have not become ill, may still play outdoors and be with other children.
 - » For example, children who have not had chicken pox should **not** come in contact with children who are presently broken out.

- A parent(s)/legal guardian(s) may visit in the cottage as long as (s)he is aware that the cottage is under quarantine. If the parent(s)/legal guardian(s) has children in more than one cottage, (s)he must visit the child in the quarantine separate from the other children.
- No children from other cottages will be brought into the quarantined cottage for visitation.

101100. Releases and Discharge

As with initial placement at Child Haven, **all** discharges from Child Haven are initiated by the investigator/case manager and authorized in UNITY by the placement specialist whether the discharge is due to return home or a movement to another placement. When the discharge is for return home, the investigator/case manager will obtain a *Court Order*.

Children who are still formally admitted to Child Haven may temporarily leave campus for other purposes (e.g., visitation, professional appointments) while they are still formally admitted. In these cases, Child Haven staff manage *Release Agreements* in cooperation with the case manager.

The assigned CD staff will complete required paperwork for the discharge or release from Child Haven.

101110. Medical Information for Releases/Discharges

CD staff must contact the nurse when a child who has been receiving medical treatment is temporarily released **or** discharged. This contact is documented in the daily *Shift Log*.

When the release of a child who is on medication is being arranged, the nurse will work with the CD staff member to collect any medication that is stored in the cottage and prepare complete care instructions prior to release. Upon the child's return from a release, the nurse will work with the CD staff member to ensure that medications are returned and properly stored.

The CD staff member will arrange for the nurse to be present at discharge to give the caregiver a copy of the *Medical Passport Packet*, transfer any medications, and explain any special care-giving needs.

101120. Temporary Release Agreements

There are two types of temporary release agreements: (1) for under six (6) hours, and (2) for longer than six (6) hours.

a. Release Agreement – Under Six (6) Hours

It is the policy of Child Haven to allow the assigned DFS case manager to take a child from Child Haven without a release authorization if the child(ren) will be off campus six (6) hours or less. This allows investigators or case managers to easily arrange to take children for necessary appointments (e.g., visitation, clinical visits, school activities).

- The investigator or case manager is encouraged to call Child Haven to ensure the child will be on campus at the time(s) (s)he will need to be transported.
- The CD staff member will prepare the child to leave campus by informing the child of the time (s)he will be picked up, making sure (s)he has appropriate clothing and any supplies, and answering any questions.
- Investigators or case managers can pick up and return child(ren) for appointments at the child's cottage. The case manager can arrange for authorized medical transporters to sign the child out and transport the child to medical appointments.
- The authorized person transporting the child will sign the child in and out of the cottage where the child resides.

b. Release Agreements – Over Six (6) Hours

Any child authorized for a temporary release that will last longer than six (6) hours **must** have written authorization from a hearing master or judge. NOTE: Judicial release is not required for releases prior to the initial Protective Custody Hearing.

- The case manager must submit a *Request for Release* to a hearing master or judge. The *Request for Release* includes:
 - » The purpose of the release (e.g., pre-placement visit, home visit).
 - » The name(s) of the person(s) accepting the child, as well as the telephone number and address where the child may be reached if (s)he is not returned on time.
 - » The start and end times of the release.

Case managers are **not** authorized to extend the duration of the release. They are encouraged to plan adequate time for transportation to and from Child Haven.

- The case manager must submit documentation of the court-approved release and a *Yellow Card* in person to the releasing agent or by fax to the Child Haven administrative office. The

clerical staff will ensure that the cottage staff and the reception front desk or the ERC (for temporary release of the child after normal business hours) receive the properly executed release.

- When the authorized party arrives to pick up the child, the reception front desk or ERC staff must receive and copy an official piece of photo identification. Staff will attach a copy of the identification to the authorization form. No child will be released unless the specifically authorized party has picture identification.

If a child has not returned at the time indicated on the release, the assigned or on-duty CD staff member must immediately notify their supervisor and the case manager. If the investigator/case manager is off duty, the on-duty CD staff will contact the Child Protective Services Emergency Response Team.

If the on-duty CD staff have reasonable cause to believe that the failure to return is due an incident or set of circumstances defined as child abuse or neglect as defined in *Nevada Child Abuse and Neglect Allegation System* (e.g., parent who may pose a safety threat to the child), the staff **must** call the Hotline.

- If a child has not returned at the designated time, the CD staff will complete an *Incident Report* with the event and the outcome and make a case note in UNITY.
- If the child calls the cottage and wishes to return earlier than scheduled, the Child Haven CD staff will make arrangements for the child to be brought back to campus. The child's case manager will be notified and an *Incident Report* will be written.

c. Release During Regular Office Hours

Any child being released from Child Haven Monday through Friday between the hours of 8 a.m. and 5 p.m. will be released through the reception front desk of Child Haven.

- The front-desk staff will print a copy of the release when the authorized party arrives to pick the child up. The authorized party must show an official piece of photo identification to verify identity. If the authorized party does not have photo identification, the case manager may, in-person, verify the identity of the individual.
- The clerical staff will notify the appropriate cottage(s) that the authorized individual has arrived. The authorized individual will be given an identification badge to wear and will be allowed to go to the cottage to receive the child(ren).
- If a case manager arrives in the cottage to pick up a child, cottage staff will call the front desk to verify the release agreement has been received and that the case manager has signed the release at the front desk.

- Releases made during a court hearing result in the issuance of a yellow card that will accompany the authorized individual from court. The investigator/case manager notifies Child Haven that the child has been released.
- Releases are logged by cottage staff on the *Cottage Log*, *Daily Population Report*, and *Statistical Tracking Sheet*.

d. Releases After Business Hours

Any child that is released between 5 p.m. and 8 a.m. will be processed by Receiving Team according to the procedures listed above. However, the authorized individual may not be allowed to enter the cottages.

- Staff from Receiving Team will call the appropriate cottage(s) and inform them that a child(ren) will be released. Receiving Team staff will then come to the cottage and transport the child to the ERC for release. After ensuring that the ERC staff have signed for the child's release, cottage staff will log the release on the *Shift Log*, *Daily Population Report*, and *Statistical Tracking Sheet*.

e. Discharge

After initial placement in Child Haven, the investigator/case manager determines the continuing need for a child's protective placement with court approval. If continuing protective placement is needed, the investigator/case manager works with the placement specialist to identify and select a new placement for the child. The placement specialist authorizes the new placement and notifies the assigned CD staff member in Child Haven.

(i) Participation in Placement Identification

The assigned CD staff member, in the course of daily care giving, will gather information on the child's strengths, interests, visitors, and care-giving needs. These will be noted in the *Shift Log*, the child's file, and in the *Child Haven Observation*, *Child Haven Visit*, and *Child Haven Visit Rules* in UNITY. The assigned CD staff member makes a minimum of ten (10) UNITY entries per week. Each week, these may include:

- The CHATTA *Treatment Plan* and weekly updates on progress or changes.
- Behavioral observations.
- Completed family visitations or visitations by other authorized persons (e.g., therapists).

The CD staff member will discuss this information with the placement specialist upon request.

The supervisor will prepare a list of all children under the age of six (6) who have been placed in Child Haven due to special needs. These children will be staffed on a weekly basis with the placement specialists.

If an assigned CD staff member is invited to participate in a CFT meeting for the purpose of discharge planning for any child under the age of six (6) or a child who has an extended length of stay, the supervisor will arrange coverage so that the assigned CD staff member may attend.

(ii) Preparing the Child for Discharge

The investigator/case manager has primary responsibility for preparing the child for return home or a new placement. The assigned CD staff member will:

- Assure the child that (s)he will be safe and tell him/her who is picking him/her up.
- Help him/her gather his/her possessions and say goodbye to other residents.
- Help the child, if (s)he is able, to clean his/her personal space.
- Gather any medication/medical instructions to give to the family/transporter.
- Ensure that the child is ready to leave at the appointed time.
- Accompany the child to the family/transporter.

If siblings are discharged separately from the Child Haven Shelter program, the assigned investigator/case manager must inform the children of the location of the new placement of their siblings and communicate the siblings' *Visitation Plan*.

(iii) Administrative Discharge

The assigned CD staff member will ensure that all documentation is complete at discharge from Child Haven. The assigned CD staff member will:

- Obtain the official notification of release/placement move.
- Retrieve the *Personal Property Sheet*, inventory all of the child's possessions, have the child or another adult sign the sheet attesting that all goods are accounted.
- Document the transfer of physical custody by entering the child's name on the *Shift Log*, *Statistical Tracking Sheet*, and *Daily Population Sheet*.

- Remove the child's name and/or name tag from the *Bed Chart* and *Medical Log*.
- Collect all special instructions (e.g., *No Contact Orders*, medical memos, food restrictions) and place in child's folder.
- Return the child's completed folder to the supervisor.

101200. Campus Logistics

There are a total of seven (7) Child Haven Shelter cottages on the campus at 701 North Pecos Road, north of the Family Court Building main complex. The campus entrance is on Pecos Road, north of Bonanza Road.

The Child Haven Shelter program is a set of licensed and staffed homes that provide emergency care and protection to children ages between the ages of six (6) and seventeen (17)² in a home-like atmosphere. Other campus buildings house Peggy's Attic, a recreation center, medical services, clinical services, the FVC, the Receiving Team, the SAINT Child Advocacy Center, and various Department administrative offices.

- Seven (7) of the cottages (Alchu, Bigelow, Sheri Nork, Agassi, Howard, Beezer and O'Bannon) are licensed to provide shelter care. Each cottage has an established licensed capacity based on the physical space and the age(s) of the children. *NOTE:* The Department operates only the number of shelter cottages needed to meet demand. In the shelter cottages, the CD staff member provides for all of the child's normal daily living activities, including attendance at school, recreational activities, any needed medical or clinical care, family-style meals, and visitation with family members.
- One (1) cottage (MGM/Mirage) is mixed use. This cottage may provide shelter and is the location of ERC. (See *Section 10140b: Other Campus Placement and Support Services* for a description of ERC.)

CD staff are assigned to a home cottage. However, each staff person's cottage assignment can change daily depending on the needs and total population of the campus.

² No child under the age of six (6) will be placed in the Child Haven Shelter program or any other congregate care facility except in limited situations. The decision to place a child in the Child Haven Shelter program is authorized by the placement specialist.

101210. Equipment and Supplies for Staff Use

All Child Haven employees have access to all licensed cottages and secure personal space for their belongings. The Department provides offices and cottages adequate supplies for staff use.

a. Keys

The Child Haven administration controls access to all keys used on campus. Master keys for all of the cottages are kept in a secured lock box located in the Child Haven administrative office. The Child Haven manager, recreation/cultural program supervisor, and administrative office support staff have a copy of the master key for the lock box. The office support staff keep an inventory of master keys that are signed in and out. The administrative office also maintains an inventory of keys assigned to each cottage.

(i) Procedure for Obtaining/Returning Keys

- All new and transferred employees must go in person to the administrative office support staff to sign a Clark County *Access Form* to receive a master cottage key. The administrative office support staff keeps the original *Access Form* until the assigned key is returned.
- All new and transferred employees will receive the keys that they need for their cottage assignment (e.g., staff lockers) from the cottage supervisor. The supervisor maintains an inventory of all cottage keys that are signed in and out.
- When a person is leaving employment at Child Haven, **all** keys that have been assigned to him/her must be returned. The master key is returned to the Child Haven administrative office support staff. Cottage keys are returned to the cottage supervisor.

(ii) Lost or Stolen Keys

- In the event of lost or stolen keys, the staff member must immediately notify his/her immediate supervisor by submitting an *Incident Report*. Upon receipt of the report, the supervisor will issue cottage-specific replacement keys.
- To request a replacement master key, the staff member will contact the Child Haven administrative office support staff and initial this request on the employee's current Clark County *Access Form*.

b. Requisitions and Work Orders

(i) Office Supplies and Forms

Child Haven employees are provided with the needed materials to support their work and maintain the cottages.

- Each cottage supervisor is responsible for keeping an adequate inventory of office supplies and forms for daily use in his/her respective cottage. The supervisor will orient new and transferred staff to the location of these supplies.
- The Child Haven office staff order and maintain sufficient office supplies for the division and fill requisition orders. Any supervisor can request additional needed supplies (e.g., replacement of missing stapler) by contacting the Child Haven office staff.

(ii) Building Maintenance and Repairs

A work order should be submitted when requesting any maintenance and/or repairs on the Child Haven Campus.

- When something needs to be repaired or replaced in one of the cottages, the cottage staff will contact the Child Haven office support staff by telephone or e-mail and give a detailed account of the problem. The Child Haven office support staff complete a work order and contact the Real Property Management Facilities office to request and schedule the needed work.
- If there is an after-hours emergency (e.g., a broken window or cooling problem) the supervisor on shift will call the Real Property Management Facilities office at 702-455-8580. This number is in service 24 (twenty four) hours a day, 7 (seven) days a week.

c. Use of County Vehicles

Child Haven staff may **not** transport a child in their personal vehicles. Clark County vehicles are available to transport children to scheduled events and in the case of an emergency. The recreation leader ensures that each vehicle is regularly maintained and in good operating condition.

All County vehicles assigned to Child Haven are available on an as-needed basis and managed by each cottage. The set of keys for each car has a tag that includes the vehicle identification number and license plate number.

- An extra set of keys to each vehicle are kept in the administration office. These keys are only to be utilized by the administration or by a cottage for an emergency. If a set of keys from the administration office is used, they must be returned to the administration office.

Any Child Haven staff member may reserve a vehicle for any off-campus event or outing.

(i) Reserved County Vehicles

To reserve a vehicle for an off-campus outing, a CD staff member will place a note above the keys in MGM/Mirage Cottage with the following information:

- Date and time vehicle will be needed.
- Purpose and destination.
- Expected time of return.

No staff member may take the keys to a reserved vehicle if it will not be returned by the time of the reservation unless the manager has authorized its use (e.g., medical emergency).

For special outings requiring the use of several vehicles, it is the responsibility of the recreation leader to reserve the required number of vehicles. The capacity of each vehicle is determined by the number of seat belts in the vehicle. Each child must be restrained by a seatbelt or car seat when being transported in a County vehicle.

(ii) Vehicle Checkout

Anytime a vehicle is taken from the Child Haven Campus, the transporting CD staff member will check out the vehicle.

- The transporting CD staff member will check the location where the keys are kept. If a key is available and only if no specific reservations are indicated on the sign-out sheet, the staff member may use the vehicle.
- The transporting CD staff member will check to make sure that a *Clark County Emergency/Accident Packet* and County gasoline card are in the glove compartment and that the vehicle has adequate fuel. If there is not a *Clark County Emergency/Accident Packet* in the vehicle, the transporting CD staff member must obtain one from the Child Haven administrative secretary.
- The transporting CD staff member must fill out the *Vehicle Sign-Out Sheet* before leaving with the vehicle.

(iii) Vehicle Return

The transporting Child Haven staff member is responsible for ensuring that all debris is removed from the vehicle and notifying the recreation leader of any needed maintenance or repairs.

- The transporting CD staff member and children will pick up any trash or items from the vehicle after their use.
- The vehicle must have at least one-quarter (1/4) of a tank of gasoline at return.
- If the vehicle interior or exterior is dirty, the transporting CD staff member must make arrangements with the recreation leader to have the car washed.
- If the vehicle has anything faulty or unusual about the operation, the CD staff member will send a memo to the recreation leader indicating details of the problem so that the vehicle may be scheduled for examination and repair by a mechanic.
- The transporting CD staff member must fill out the *Vehicle Sign-Out Sheet* upon return.

(iv) Fuel

The transporting CD staff member will ensure that any vehicle, upon return, has at least one-quarter (1/4) of a tank of gasoline. Each county vehicle is equipped with Clark County gasoline card that may be used at a variety of authorized locations.

- The county garage gasoline card is kept in the glove compartment of the vehicle.
- Each CD staff is provided a PIN, a list of authorized locations, and instructions for use by the Child Haven secretary.

(v) Accidents/Breakdowns

Each county vehicle has a *Clark County Emergency/Accident Packet* in the glove compartment. This packet contains: (1) instructions on the procedures that must be followed, (2) insurance information, and (3) required forms. The required forms are: *Accident Report Form*, *Other Driver Card*, and *Witness Cards*.

- In the event of an accident/breakdown after business hours, the transporting CD staff will contact the police, call the supervisor to arrange transportation back to campus, and notify risk management on the next duty day.
- In the event of an accident during normal business hours, the transporting CD staff member will follow the procedures that are outlined in the *Clark County Emergency/Accident Packet*, including contact with local law enforcement. If the staff person is in doubt as to what to do, (s)he must call the Child Haven administration office for guidance.

» The *Accident Report Form* is two-sided. Both sides must be completed.

- » An individual card for each person (i.e., other driver and witness information) must be completed. Do not list more than one (1) person on these forms.
- » All information required for the county's insurance must be completed on site.
- » These materials are submitted to the Child Haven office support staff.
- » If the staff and child(ren) in the car need transportation back to the campus, the transporting CD staff member must call the Child Haven office support staff.
- » In the event that a County vehicle breaks down, the staff member must call the Child Haven office support staff immediately to report his/her location.
- The office support staff will arrange for another staff member to pick up the CD staff member and the child(ren).
- The Child Haven office support staff provide the location of the vehicle to County Automotive. The transporting CD staff member must leave the keys to the vehicle under the driver's side floor mat and leave the vehicle unlocked.

101220. Obtaining Food, Equipment, and Supplies for Children

The Department provides resources to CD staff at Child Haven to meet the needs of the children in residence.

a. Food

Child Haven provides nutritious meals and snacks to children. Meals are served family-style. All meals and snacks are ordered by an assigned CD on the morning shift.

(i) Campus Menus and Substitutions

- Each cottage has a monthly campus menu that is rotated throughout the year. When the meals are being ordered for the day, the CD staff member orders the food items needed for the menu listed.
- Some exceptions can be made for food substitutions that are off the menu. They are as follows:
 - » Cottages may substitute a food item that is not age-appropriate or conflicts with a child's dietary restrictions (e.g., spicy or hard to digest items, pork).

- » Beazer and Agassi cottages may also substitute food items if there is a virus in the cottage **and** the nursing staff is ordering a menu change.
- » Any cottage may request a menu change if it has a large amount of food stored in its freezer and it wishes to utilize some of those items.
- In all of these cases, Food Services must be notified immediately and must approve the menu change. Requested substitute food items may not be available.

(ii) Ordering Food and Household Supplies

- Each morning a *Food Management Supply Requisition Slip* is completed by an assigned CD staff member on the morning shift. This form must be completed by 7 a.m. to be picked up by the Food Services personnel at 8 a.m.
- If a cottage has a special outing and will not be eating a meal on campus, or a meal is being furnished on campus by another source, then the cottage staff should not order the food items needed to serve that meal.
- Both parts of the *Food Management Supply Requisition Slip* are completed by the ordering CD staff member:
 - » List each item and the quantities needed to serve lunch, dinner, breakfast and two (2) daily snacks for the next morning.
 - » Complete the Meal Record Information located in the bottom right-hand corner to document how many children were served breakfast, lunch, and dinner, along with how many snacks were served each day.
- Food Services' personnel distribute requested food items as early as possible and usually no later than 10 a.m. Any requested item(s) that cannot be filled will be noted on the returned copy of the *Food Management Supply Requisition Slip*.
- Once a week the staff also submits a *Central Supply Requisition Form*. This form is used to order all the cleaning products, paper products, and hygiene products that the cottage will need for the coming week.

(iii) Catering Special Events

Food services will cater special events on campus with the approval of the Child Haven manager.

- Food Services will cater special events (e.g., Child Haven's annual Christmas luncheon, the monthly SAINT luncheons) with a minimum of five (5) days of advance notice.

- Food Services will **not** cater events such as training, meetings, or retirement or birthday parties for staff.
- To have an event catered, a supervisor will make a written request to the Child Haven manager that includes the nature/purpose of the event, date and time, and food items requested.
- If approval is granted, the manager forwards the approved written request to Food Services.

b. Food Safety

Individuals or organizations may donate food items as part of a special event or celebration (e.g., carnivals, Easter baskets).

- All food items donated to the Child Haven Campus need to be cleared by Food Services staff and the Child Haven manager. They inspect and determine whether the product can be utilized on the campus.
- If a food item is received from Food Services and a CD staff member determines that it is spoiled, the cottage staff will contact Food Services to retrieve the items from the cottage. Food Services will replace the items as soon as possible.

c. Large Appliance Repair

Cottages will always be equipped with working large appliances. Large appliances include:

- Stove/oven.
- Refrigerator.
- Clothes washer.
- Clothes dryer.
- Dishwasher.

If an appliance needs service, the CD staff member notifies the supervisor and contacts Food Services. The Facilities Department will remove the appliance and replace it with an appliance that is either new or repaired. Food Services will request service of the broken appliance from an outside appliance service center.

All large appliances will be inventoried through Food Services using the make, model, and serial numbers and stored in the warehouse.

d. Petty Cash

A petty cash fund is available for each cottage and the Child Haven administration. This fund is managed and administered by the Child Haven coordinator in the Finance office according to its established procedures.

- Petty cash may only be used to purchase items or activities for the children. No items that are to be used by the staff for themselves or the cottage may be purchased with these funds.
- The CD staff will complete the *Petty Cash Fund Request*. This request must be approved by the supervisor/campus lead and submitted to the Finance office.
- Upon receipt of petty cash, the CD staff member becomes responsible for submitting a receipt and cash totaling the amount of the original distribution. The CD staff member is responsible for reimbursing any shortage.

e. Purchase Orders

Child Haven CD staff may initiate a request for a purchase order on behalf of a child by making a list of proposed items and forwarding it to the supervisor. Purchase orders for other goods and services (e.g., for the cottages) may only be initiated by the supervisor. The supervisor will submit all requests for purchase orders to the Child Haven coordinator in the Finance office. Purchase orders will be processed according to their established procedures. After the CD staff purchases the items specified on the purchase order, a receipt for the purchase will immediately be returned to the Child Haven coordinator in the Finance office.

f. Donations

Clark County residents, businesses, and organizations frequently offer donations to the Department. If the CD staff receives an offer of donation, (s)he must forward the offer and contact information to the supervisor. All procedures governing the acceptance of donations are included in the Department's Administrative Policies and Procedures.

101300. Security and Crisis Control

Clark County has a central emergency/disaster plan for all public safety organizations. In addition, DFS has specific policies for the safety and protection of children in its care. Both are described below.

101310. Declared Emergency

The State of Nevada and Clark County have coordinated plans for response in the case of a declared emergency. The Clark County Office of Emergency Management (OEM) provides a single point of coordination for the county's public safety programs that includes emergency planning, actions during emergencies, and coordination of recovery programs following emergencies. OEM works closely with DFS and other Clark County public safety organizations to facilitate a coordinated approach to multiagency activities. An OEM handbook at each DFS site includes all contact information and procedures for emergencies.

Contact information and emergency procedures are covered in the new employee orientation and in the *Employment Policies and Procedures for Clark County*. **All employees are required to complete an Employee Safety Course and Emergency Procedures Course as a condition of employment.**

Under the Clark County Emergency Operations Plan, DFS provides emergency shelter for abused and neglected children in protective custody **or** when a disaster plan is activated by the county manager or governor's office. In the case of a declared disaster, DFS may provide emergency shelter for children whose caregivers are incapacitated or deceased until an alternative caregiver can be identified. Clark County DFS will transport children in protective custody to safe locations. CCDFS also provides assistance in reducing the risk of future harm to children and reuniting families after immediate crisis.

DFS has an agency-wide plan for emergency response in the case of a declared disaster. These policies cover the specific responsibilities of Child Haven staff members for security of the campus and on-site emergencies. These separate policies and procedures are provided to all staff as part of staff training and orientation.

101320. Child Haven-Specific Security

a. Controlling Access to the Campus

(iv) Routine Security

The interior campus of Child Haven is defined as “within the perimeter of the Child Haven cottages.” It is the responsibility of all staff members to ensure that no unauthorized person comes onto the Child Haven Campus or has access to unlocked buildings.

There are security personnel in the reception area twenty-four (24) hours a day/seven (7) days a week. However, if Child Haven staff require assistance in securing the campus or removing unauthorized persons, they may call 9-1-1.

The following procedures will be adhered to regarding the security of Child Haven facilities:

- An “Authorized Personnel Only” sign is posted and will be visible along the perimeter fence. Only emergency vehicles are allowed on campus. No other vehicles are allowed.
- Authorized DFS staff may access the campus after hours by swiping their employee identification card at one of three (3) access pedestrian gates:
 - » *Station #1* – The pedestrian gate is located on the **inside** of the campus, by the north parking lot. This will enable a person to leave campus without a staff member having to escort them off campus.
 - » *Station #2* – The pedestrian gate is located on the **outside** of the campus, by the north parking lot. Authorized personnel have access via this gate by swiping their employee identification badge.
- During business hours, all visitors (e.g., other DFS staff, authorized visitors, and volunteers) must check in at the Child Haven rotunda for admission.
- Child Haven staff may admit other persons to the campus (e.g., for donations), but must accompany the visitor the entire time that (s)he is on campus.
- All visitors are required to wear a DFS-issued identification badge that designates their destination (e.g., FVC or cottage) when on campus.
- It is the responsibility of staff members to secure and lock any buildings that are being vacated. This includes the Child Haven administrative office during nonbusiness hours.

- From 10 p.m. until 6 a.m. each day, the Child Haven staff will lock and activate the security alarm system on each cottage.

b. Securing Dangerous Supplies

Under no circumstances should any child be allowed to use any toxic, flammable, or caustic materials. These items will be locked in each cottage in the laundry room and stored out of the children's reach. This includes such items as cleaning and household supplies.

Sharp objects (e.g., knives, scissors, unused syringes) will be kept in a locked drawer at all times. Used syringes will be properly disposed of in a secured disposal unit.

All medications will be stored in a locked cabinet.

c. Weapons Prohibition

No weapons are permitted on campus at any time. Children and their possessions are searched for contraband, and any weapons that are found are immediately turned over to the police department.

The weapons prohibition extends to law enforcement officers, who are not permitted to bring their weapons onto the campus unless they have been called to manage a volatile emergency situation. An officer may lock his/her weapon in the car before entering campus. The officer may be armed on campus only when called to handle a serious crisis or security threat.

101330. Emergencies and Evacuations

a. Shelter in Place

In the event of a threat of child abduction, threat to the staff, or a threat to the security of the campus, Child Haven will implement a Shelter-in-Place Status to secure the safety of the children and staff. Shelter-in-Place Status requires that all cottage doors be locked with the children and staff inside the cottage. The security staff will closely monitor access to the campus. The children will not be allowed to play outside the cottage while the Shelter-in-Place Status is in effect.

The Child Haven manager is the only employee authorized to initiate and then lift Shelter-in-Place Status. The manager or his designee will:

- Contact all of the cottages at the beginning and end of the event.

- Contact the Receiving Team staff, as well as the FVC, the Medical Services unit, and the rotunda at the beginning and end of the event.
- On-duty staff will assure the children that they are safe and supervise cottage activities.
- At the beginning of the Shelter-in-Place Status, on-duty staff will document the event in the *Shift Log*, the person authorizing Shelter-in-Place Status, and the nature of the threat. The cottage staff will also document the time the status is lifted and by whose authority.

All new staff and children receive an orientation to the Shelter-in-Place Status and procedures when they enter Child Haven. Shelter-in-Place drills are conducted annually.

b. Fire Emergency/False Alarms

(i) Fire Emergency

The cottage supervisor will ensure that all cottage staff are thoroughly familiar with cottage and campus emergency and evacuation plans during new staff orientation. The cottage evacuation map is posted in each cottage. The campus conducts monthly fire drills and documents them on the *Fire Drill Form* and *Shift Log*.

Any person who has cause to believe that there is a fire emergency must:

- Immediately pull the handle on the red alarm box. These are located at each door. This will activate the alarm.
- The passive smoke alarm will also activate the fire alarm and send a signal to the contracted alarm company for emergency assistance. Each occupied cottage is equipped with a fire alarm linked to a fire control panel. When an alarm sounds, the cottage lead immediately dispatches staff to the fire control room to locate the source of the alarm.
- Immediately following activation of the alarm, staff will follow the posted evacuation plan and remove all children to safety (See *Section 101430i: Evacuation Plans*).
- Once the children are removed to safety and accounted for, and if the City of Las Vegas Fire Department has not arrived, 9-1-1 is to be called to report the fire, as well as its location and nature. The cottage supervisor and Child Haven manager will be notified. After the emergency, an *Incident Report* will be written by the supervisor/cottage lead.

Upon arrival of City of Las Vegas Fire Department, its incident commander will take control of the fire emergency and reset panel operations.

(ii) False Alarms

If the fire alarm sounds, the CD staff will evacuate all children. If there is no fire or smoke, the CD staff will notify the alarm company and the Facilities Department.

a. Bomb Threat

In the event that DFS administration or Child Haven staff receive a bomb threat, the Child Haven on-duty staff will follow the Clark County Emergency Plan, and:

- Immediately call 9-1-1.
- Immediately implement the Child Haven evacuation plan (See *Section 101430i: Evacuation Plan*).
- Notify all staff (i.e., on-duty Child Haven staff, manager, and DFS administration).

When the fire department and/or metro police arrive, Child Haven management will meet with the fire department or bomb squad personnel on site to provide information about the threat and assist as requested.

After the situation is under control, the Child Haven staff member who took the call regarding the bomb threat will submit an *Incident Report* describing the call and the subsequent actions.

b. Loss of Power

It is the policy of Child Haven that each cottage be equipped with the necessary materials to provide temporary lighting in the event of a power outage. Each cottage is equipped with:

- One (1) flashlight.
- Two (2) lanterns.
- Back-up batteries.

Every three (3) months all of the cottages are inventoried to ensure that their flashlights, lanterns, and batteries are located in a central area and that all of the staff are aware of their location. A *Quarterly Emergency Checklist* is filled out by each cottage supervisor and given to the manager. The manager keeps these checklists on file for documentation purposes.

- In the event that there is a power outage, staff must notify the Facilities Department at extension 8580 to investigate and rectify the problem.

- If there are children who use electrically-powered medical equipment, the supervisor must immediately notify the nursing staff so that they may make alternate plans.
- The cottage supervisor and manager must be notified if the power will be out for an extended period of time so that they may direct the movement of children.

If it is determined that evacuation of the campus is necessary, the staff will follow Child Haven evacuation plans. (See *Section 101430i: Evacuation Plans.*)

c. Loss of Water

In the event that the water is shut off on the campus for any length of time, the supervisor/campus lead will ensure that each cottage may be equipped with its own supply of water.

- If the water is shut off, the campus lead will contact the Facilities Department at extension 8580 to determine the length of the shutoff.
- If the water will be off for an extended period of time, the cottage lead will notify the affected cottage supervisor(s) and the Child Haven manager. The manager will direct the movement of children and staff, if necessary.
- The campus lead will notify the Food Services Department at extension 2194 so that bottled water can be delivered to each cottage.
- If it is determined that evacuation from the campus is necessary, the staff will follow campus evacuation plans. (See *Section 101430i: Evacuation Plans.*)

d. Natural Gas Leak

In the event of a natural gas leak **inside a cottage**, the on-duty staff will:

- Turn off the stove/oven immediately.
- Extinguish any other open flames immediately.
- Evacuate the cottage immediately (See *Section 101430i: Evacuation Plans.*)
- Go to another cottage and ask its staff to contact the Facilities Department at extension 8580 to report the problem.
- Reenter the cottage **only** after advised by Southwest Gas or the Facilities Department that it is safe to do so.

In the event of a natural gas leak **outside the cottage**, the on-duty staff will:

- Close all doors and windows in the cottage.
- Turn off the stove/oven immediately.
- Turn off any devices with electric motors that may generate sparks.
- Notify the Facilities Department at extension 8580.
- Notify the campus lead and the Child Haven manager so that they may direct the movement of children. (See *Section 101430i: Evacuation Plans.*)

e. Earthquake

During an earthquake, on-duty Child Haven staff will follow the procedures in the Clark County Emergency plan and:

- Keep all occupants in each cottage until the earthquake is over. They will not attempt to evacuate the cottage.
- Instruct children to take shelter under tables or heavy furniture, in doorways, or against walls.
- Instruct children to avoid the windows, overhead fixtures, tall filing cabinets, and bookcases.
- Assist any disabled child(ren) in the cottage to find a safe place.

After an earthquake:

- If there are injuries, call 9-1-1 immediately.
- Evacuate the cottage. (See *Section 101430i: Evacuation Plans.*) During evacuation, staff will assist handicapped persons as necessary and be alert for hazards such as exposed electrical wiring, gas leaks, or water leaks.
- Reenter the cottage **only** when advised by facilities or other public safety personnel that it is safe to do so.

All new staff and children receive information on earthquake safety planning at orientation. Earthquake drills are conducted once a year.

f. Child Abduction

(i) Threat of Child Abduction

All Child Haven staff take the proper precautions in securing the campus and protecting the child(ren) when a parent(s)/legal guardian(s) has threatened to abduct his/her child. All threats of abduction are taken seriously and, if necessary, a police report will be filed. In **all** cases of a threat of abduction, the investigator/case manager and supervisor will be immediately notified by telephone and e-mail.

If the threat of abduction is immediate, the following procedures will be directed by the Child Haven manager or his/her designee:

- The reception staff will secure all of the doors to the Administration Building except the front door.
- All of the cottages will be placed on Shelter-in-Place Status.
- A staff member will be assigned to assist the reception staff in the event that the parent(s)/legal guardian(s) arrives at the rotunda.
- If the parent arrives during normal visiting hours, the reception staff will:
 - » Call the assigned cottage staff for their immediate presence and assistance.
 - » Determine whether the parent is allowed to see the child by checking for *No Contact Orders*.
 - » Allow the assigned cottage staff to accompany the parent to visit the child under his/her direct supervision and then escort the parent off of the campus.
- If the parent arrives at any other time, the clerical staff, with assigned cottage staff and/or on-site security will ask that the parent leave the campus and return at another scheduled time.
- If the parent arrives and physically threatens staff with harm, the staff will allow the parent onto the campus (which is on Shelter-in-Place Status) and contact the police immediately at 9-1-1.
- If the police are called, they will manage the situation. All Child Haven staff must follow police instruction.
- All alerts/Shelter-in-Place Status will remain in effect until the Child Haven manager or his/her designee confirms that the threat has ended.

- The assigned staff will contact with the caseworker within twenty-four (24) hours to verify the current status of the parent and determine next steps.

(ii) Child Abduction

If all the precautions listed above fail and a parent is able to illegally remove (i.e., kidnap) a child from campus, all staff who have been involved are expected to remain calm and make the proper notifications.

- Call 9-1-1.
- Call the Child Haven manager, who will notify the director of DFS.
- All involved staff will work together to complete the *Walk-Away Checklist* to organize all available information on the missing child and any descriptive information on the parent and his/her vehicle.
- At the same time, all involved staff will complete a consolidated *Incident Report*.

g. Evacuation Plans

Child Haven has posted evacuation plans and maps for each cottage and conducts monthly drills. The supervisor/cottage lead may authorize the evacuation of any cottage. Child Haven has arrangements with local entities for housing children and staff in the event of an all-campus evacuation. Only the manager or his/her designee may authorize an all-campus evacuation.

(i) Evacuation of Cottages

When an evacuation of the cottages is required due to a fire alarm or directed by the supervisor/campus lead, cottage staff will evacuate all buildings according to the evacuation plan and map posted in each cottage. On-duty staff will:

- Immediately remove all children from all campus buildings (i.e., Recreation Center, ACE Building, Administration Building and all cottages).
- Check each building to ensure that all children and adults are clear of the area, and close all exterior doors.
- Follow the routes on the evacuation map to the assembly point at the north-end park. En route, clear roadways and areas between buildings to prevent interference with the fire department equipment.

- Keep cell and radio phones with them to keep in communication with each other and administration.
- Take a roll call from the *Daily Population Sheet* by each cottage to determine that all children are present.
- If a child is not present, the staff will initiate an immediate search and notify the on-site fire department personnel.

(ii) Evacuation of Entire Campus

The Child Haven manager will authorize and direct the evacuation of the entire campus.

- Staff will accompany children during the evacuation and maintain visual supervision at all times. Before, during, and after the transport of the children, a roll call will confirm that all children are present.
- From the north-end park the children will be transported by Child Haven vehicles to either: (1) the Boulder Station Casino (during normal business hours), or (2) another location designated in the Clark County emergency/disaster plan. The manager will contact the receiving site to notify them of the number of children/staff who will be arriving.
- If there are not enough Child Haven vehicles to transport the children and staff, the manager will contact the Director's Office for approval to request assistance from the Hotline, other after hours staff, the administration, or other county offices.
- In the event that supplies are not available upon arrival at the assigned location, it will be necessary for staff to purchase supplies as needed. Staff will be reimbursed for these expenses according to DFS policy.

h. Cottage Crisis

In the event that the children in a cottage become out of control as a group, the supervisor/lead will request the assistance of staff in other cottages to help regain control.

- When a group of children is out of control, the CD staff will call the Five (5) -Second Rule to ask children to go safely to their rooms. (See *Section 10840a: The Five (5) -Second Rule*). Any children that do not comply with this instruction will be separated and supervised one-to-one as additional staff arrive from other cottages.
- A supervisor and/or the Child Haven manager must be notified. Cottage staff need to assess the reason for the upheaval and whether there is a risk of it happening again.

- Once the cottage tone is again calm and staff are in full control, the cottage routine will resume. Cottage staff will write an *Incident Report* on each child involved in the incident.
- If the tone of the cottage remains tense but controlled throughout the shift, then the CD staff may request additional staff coverage for the next shift.
- The cottage staff will meet to discuss the incident and make recommendations for the re-assignment of children to another cottage or movement of children to another placement to prevent recurrence.
- If the staff recommend a placement move, the investigator/case manager and placement specialist are notified.

101340. Child Emergencies

a. Missing Children/Walk-Away

A child is reported as missing whenever a resident leaves Child Haven grounds without authorization or intentionally leaves the control of a Child Haven staff member while off the Child Haven Campus. In addition, any child who is under eleven (11) years old or any child with severe emotional or physical handicaps who cannot be located on the Child Haven Campus is deemed as a "missing child."

- When a child is not in the line of visual supervision, CD staff will immediately conduct a thorough cottage search. This search will include under beds, behind furniture, and in closets where children might play or hide.
- The CD staff must also immediately notify the supervisor and/or campus lead and secure staff coverage to preserve the safety of other children in the cottage.
- If the child is not located in the cottage, the supervisor/campus lead will notify all other cottages and initiate a full campus search. The cottage staff will assume the responsibility of coordinating the immediate search. If the child is attempting to leave but is within sight, the CD staff may conduct safe and reasonable pursuit.
- If the child is located on campus, the CD staff who found the child will return him/her to the cottage and complete an *Incident Report*, which will be submitted to supervisor. The event will also be documented in the *Shift Log*.
- If the child is not located on campus, the CD staff will complete an entry in the *Shift Log* and the *Walk-Away Checklist* and submit them to the cottage supervisor/lead.

- If the missing child is not located, the supervisor/lead staff person must call the Las Vegas Metropolitan Police Department at 702-229-3111 and provide the child's name, age, physical description, clothing description, and the approximate time and location the child was last seen. Staff will also provide any information on risks to the child (e.g., age, physical handicap, developmental delay).
- The child's personal belongings must be gathered and stored in a safe.
- The child's investigator/case manager and supervisor must be notified by telephone and e-mail. The child's investigator/case manager will notify the child's parent(s)/legal guardian(s) immediately.

b. Suicide Threats/Attempts

Suicide risks/attempts are a medical issue. If any CD staff becomes aware of a suicide risk/attempt, (s)he must immediately contact an on-duty nurse in the Medical Services unit for immediate assistance and:

- Administer first aid, if required.
- Secure the safety of the child through constant supervision/observation.
- Obtain expert medical/clinical evaluation by contacting the FCS unit.
- Arrange for transport of the child to a medical facility.
- Notify all involved DFS staff (i.e., investigator/case manager, Receiving Team, Child Haven Medical Services unit, and MCM unit). The investigator/case manager will notify the child's parent(s)/legal guardian(s).
- Complete an *Incident Report* and enter it as a UNITY case note.

(i) First Aid

- If the child has sustained noticeable injury, or if the child shows symptoms of having swallowed a toxic substance, call 9-1-1 and immediately administer first aid.
- Call the Five (5) -Second Rule (See *Section 10840a: The Five (5) -Second Rule*) so that the other children are removed from the scene.
- While administering first aid, have another staff member immediately notify the Medical Services unit and FCS unit. If no one else is present, notify the nurse's office immediately after administering the necessary first aid and contacting 9-1-1.

(ii) Observation and Supervision

The CD staff member will remain with the child until the nurse and/or paramedics arrive. The CD staff member will reassure the child by being attentive and caring, and keeping the child under constant and close observation pending arrival of a nurse and/or paramedics. The CD staff member will follow the direction of the nurse and/or paramedics about his/her continued role with the child.

The medical personnel will determine whether the child can be safely moved to his/her room. Whether the child is moved or not, the child will be made as comfortable as possible.

(iii) Expert Clinical/Medical Evaluation

The Medical Services unit and FCS unit will assist the CD staff member in obtaining an expert evaluation of the child after the child has been medically cleared.

- When paramedics are called, the child may be transported to a hospital for further medical treatment and psychiatric evaluation on an emergency basis.
- When the child presents clinical issues (e.g., depression) that are significant, the nurse will complete a referral to the Family Clinical Service unit to obtain a comprehensive mental health assessment and treatment recommendation. This referral is entered in UNITY.
- The comprehensive mental health assessment and treatment recommendation from the FCS unit will be forwarded to the Child Haven nurse, the HLOC placement specialist, and the investigator/case manager and their supervisors.
- In all of these cases, the CD staff member will provide any information on the child's mood, affect, behaviors, unusual incidents, and any counseling events that are known to him/her.

(iv) Transport to Hospital

For all emergency admissions to a hospital or mental health facility, the CD staff member will accompany the child. The Child Haven Medical Services unit or investigator/case manager will complete the admission.

For nonemergency transport to a hospital or mental health facility, the CD staff member will contact the investigator/case manager to either transport the child or arrange for an authorized transporter through the MCM unit.

(v) Notifications

Once the crisis is resolved, the assigned CD staff member, in cooperation with the nurse, will complete an *Incident Report* on any suicide threat/attempt. The *Incident Report* is entered into a UNITY case note.

The supervisor/campus lead, investigator/case manager, and supervisor will be notified by telephone and e-mail. The investigator/case manager will immediately contact the parent/guardian of the child.

When the child has received medical treatment, the MCM unit will be notified.

If the child has moved, the placement specialist and investigator/case manager will notify the parents.

c. Cottage Crisis

In the event that the children in a cottage become out of instructional control as a group, the supervisor/lead will request the assistance of staff in other cottages to help regain control of the cottage.

- Once the staff of a cottage has determined that they have lost instructional control of their cottage, a staff person will call the other cottages for assistance.
- The cottage staff will call the Five (5) -Second Rule (See *Section 10840a: The Five (5) – Second Rule.*) Any children that do not comply with this instruction will be separated from the group and dealt with individually as extra staff arrive from other cottages.
- A supervisor and/or manager should be notified. Cottage staff need to assess the reason for the upheaval and whether there is a risk of it happening again.
- Consideration is given to placing youth with exceptional needs for behavioral interventions in another placement, (i.e., West Care, Boys Town, and Monte Vista), and this is discussed with the supervisor or manager.
- Once the cottage is again calm and staff are in full control, the cottage routine will resume. Cottage staff will write an *Information Report* on each child involved in the incident and enter it as a case note in UNITY.
- If the group behaviors in the cottage remains tense but controlled throughout the evening/swing shift, consideration is given to the need for a second person in the cottage for the overnight shift.

101400. Family Visitation Program

The Department offers two (2) types of supervised family visitation. Firstly, the Department offers supportive and supervised family visitation in centers on the Child Haven Campus and in other community locations. These centers and services are available to all case managers whether the child is placed at Child Haven or in another protective placement. Secondly, the Child Haven FVC also houses the Clinical Services Visitation Program, which is staffed by licensed therapists from the FCS unit. Participation in this program is only indicated for parents who are concurrently enrolled in the *Parenting Project* curriculum and when there is a clinical need for therapeutic support. (For complete information on this program, see *Section 12000: Family Clinical Services Unit.*)

101410. Benefits of Family Visitation

Family visitation is a right retained by parents and their children when the child is placed in out-of-home care. Visits between parents and their children are an essential function of child welfare work.

- Visits enable children to see their parents realistically and rationally and can help to calm separation fears.
- Visits show children that they are loved despite the physical separation.
- Visiting is the principal and often only means of maintaining, improving, or developing the child's relationship with his/her parents.
- Visits provide the opportunity for parents to improve their parenting skills through support, mentoring, and coaching by Department staff.
- Visits allow parents to demonstrate their ability to care for their child.
- Visits provide the case manager the opportunity to observe and to evaluate the strengths and the weaknesses of the parent/child relationship. The case manager can assess whether the parent/child relationship is one that is safe, healthy, and supportive, as well as a parent's ability to meet his/her child's development needs. Such information can assist the Department in making decisions regarding the most appropriate permanent plan.
- Visits provide a good indicator of the possibility of reunification and provide the court and other community partners with valuable information regarding the parent's progress and capacity to provide for his/her child's safety.

Frequent visitation is highly correlated with improved functioning and stability of children and the rate of family reunification. Research indicates that children who have frequent, meaningful visits with their parents are more likely to return home. In addition, parents who have formal *Visitation Plans* are more likely to visit with their children than those who do not have formal *Visitation Plans*.

101420. Description of DFS Family Visitation Centers

a. Child Haven FVC

The Child Haven FVC on the Child Haven Campus promotes meaningful visitation among children and their families and caregivers in a safe, child-/family-friendly setting. In this environment, staff at the FVC:

- Supervise visits.
- Assess parent/child interaction.
- Offer developmentally appropriate visitation activities.
- Initiate child/parent attachment and bonding activities.
- Support the child's current caregiver.
- Document the visit in UNITY.

The Child Haven FVC is open from 8 a.m. to 8 p.m., seven (7) days a week, including holidays.

b. Community Satellite Visitation Centers

The Department, with community partners, has developed additional visitation sites throughout the city to better serve the foster children and families who have difficulty traveling to the Child Haven Campus. Satellite visitation centers do not offer supervision of the visit by CD staff.

Case managers are encouraged to contact the Child Haven FVC at 702-455-1814 to obtain more information or to schedule a visitation.

101430. Authorization of Visitation

All visitors must be approved and authorized by the child's case manager. It is the right of the child to visit and have telephone contact with parents and siblings, unless specifically prohibited by a *Court Order*. Prior to the first scheduled CFT and within forty-eight (48) hours of removal, the

investigator/case manager can authorize visitation with the parent(s)/legal guardian(s). This is the **only** exception to the requirement for a formal *Visitation Plan*.

The case manager must develop a *Visitation Plan*, as part of the forty-eight (48) -hour CFT meeting. *Visitation Plans* are developed in collaboration with each parent. *Visitation Plans* must meet the following requirements:

- The *Visitation Plan* will specify the goals, frequency, location, and participants involved in the visitation.
- *Visitation Plans* are required until children are reunified or the court orders termination of visitation or termination of parental rights.
- Parent signatures are required on the *Visitation Plan*. If the parents refuse to sign, the case manager will document an explanation of their refusal on the *Visitation Plan*.
- If parents will not be visiting together, a separate *Visitation Plan* must be established with each parent.
- In instances that necessitate a change in the *Visitation Plan*, the parents must be notified and an amended *Visitation Plan* must be developed with them.

In addition to the goals, frequency, location, and participants involved in the visitation, the *Visitation Plan* must address the following crucial elements:

- Transportation arrangements for the parents and the child.
- Whether visits will be supervised, court-ordered, and for what purpose.
- Anticipated changes in the visiting arrangements and goals as the case progresses.
- The role of the foster or relative caregiver.
- Any safety concerns (e.g., domestic violence; mental health issues).

The location of family visitation is arranged by the case manager with the family and caregiver. The visitation may take place in the family home, the caregiver's home, in a community location, or at one of the FVCs on the Child Haven Campus or at a satellite location.

101440. Referral to an FVC

a. Visitation Request Form

The case manager will arrange the planned date(s) and time(s) of the planned visits with all authorized and participating parties (e.g., caregivers, parents on behalf of themselves and siblings, other family members). The proposed date(s) or time(s) of the visit will be listed on the *Visitation Request Form*.

To arrange a visit at **any** visitation program location, the case manager must complete the *Visitation Request Form* located in the P: drive folder titled "Visitation." The *Visitation Request Form* must be:

- Submitted via e-mail to the DFS visitation program. Visitation staff will not accept hard copies of the *Visitation Request Form*.
- Submitted at least twenty-four (24) hours prior to the desired time of the visit. If *Visitation Plans* are not received within the specified time frames, they may not be honored unless approved by the Family Visitation program supervisor and the assistant manager.

It is the case manager's responsibility to ensure proper and accurate completion of the form.

b. Visitation Plan

The case manager must also submit the *Visitation Plan* to the Visitation Center staff at least twenty-four (24) hours prior to visit. In submitting the *Visitation Plan*, the case manager must note any special considerations that will assist the FVC program in supervising the visit. Special considerations for visitation supervision include:

- **Safety** – Case managers will include any issue that would place children or staff at risk. Examples of issues that may require special attention are: hostile or uncooperative parental behaviors, family history of mental health or domestic violence, and tension between the family and caregiver.
- **Court Orders** – Case managers will note **any** *Court Orders* regarding family visitation. For example, case managers must obtain an appropriate *Court Order* for mothers who intend to breast-feed a child during visitation. Breast-feeding will not be allowed at the Child Haven FVC unless permitted by *Court Order*.

Upon receipt of a completed referral, the FVC staff will review the referral, the *Social Summary*, and case notes to prepare for the visit.

101450. Selecting an FVC Site for Visitation

The case manager may arrange family visitation at any community location that is convenient for all parties. If the case manager elects to use one of the DFS FVCs, (s)he must complete the *Visitation Request Form* and *Visitation Plan* and submit these by e-mail with any *Court Orders* to the Child Haven FVC.

- All first visits are conducted at the Child Haven FVC. Upon completion of the first visit, the Child Haven FVC staff will determine the best FVC location for future visits. All first-time visits will be completed at the Child Haven FVC. Once a family has received the initial assessment at the Child Haven FVC and proves stable with no safety issues for the family members, foster parent, or child, then the case manager will have the option to schedule future visits at a satellite location.
- If there is an identified conflict between the foster parents and the caregiver, then the Child Haven FVC must be used for all visits.
- All Court-Ordered Supervised Visits, Indian Child Welfare Act (ICWA) cases, hostile or challenging parents, and parents with mental health issues will continue to be scheduled at the Child Haven FVC.
- Satellite visitation centers are for the convenience of families that require little supervision, are working toward completion of their *Case Plan*, or are being considered for reunification.

101460. Scheduling the Visit

Upon receipt of **both** the *Visitation Request Form* and the *Visitation Plan*, the FVC staff will notify the case manager of the confirmed appointment time within twenty-four (24) hours by e-mail. Visitation program staff schedule appointments as follows:

- Visitation priority is given to Court-Ordered Supervised Visits and ICWA cases.
- Visits are scheduled in the order in which requests are received.
- Visits are scheduled according to availability of time and staff.

The parent's initial visit will be scheduled for one and one-half (1½) hours. Subsequent visits will be scheduled for at least one (1) hour. It is the case manager's responsibility to notify the visitation

program by telephone or e-mail of cancellations or proposed rescheduling. If a scheduled visitation is canceled or postponed, the visitation program staff will attempt to schedule another visitation during the available time.

101470. Services and Supervision During the Visit

a. Security at Child Haven FVC

Parents, foster parents, and relative caregivers check in at the front desk in the lobby rotunda of the Child Haven Campus at 701 North Pecos Road. The FVC staff provide a list of authorized visitors to the rotunda each morning. At the rotunda, visitors:

- Present photo identification, sign in, obtain a blue FVC visitor badge and a coin for securing personal property in the lockers located in the lobby. Parents return their visitor badges to the front-desk receptionist at the end of visitation.
- Have access to fact sheets with information about visiting at the Child Haven FVC. If the family has questions about visitation rules, the staff at the rotunda will call the Child Haven FVC to explain and discuss the rules.
- Are allowed, with FVC staff approval, to bring books, magazines, or craft items for their children.
- Are strongly discouraged from bringing cameras or cell phones on campus. In most cases, visitors will store these items in the locker provided. Visitors who must have their cell phones for work or family business may discuss this option with the visitation program staff. If a camera/cell phone is brought on campus, the visitor must not take pictures and must be under the visual supervision of visitation program staff at all times.
- Family may store items not allowed on campus in the lockers provided in the lobby. The list of prohibited items is as follows:
 - » No food items are ever allowed on campus, including bottles of formula/breast milk, birthday cakes.
 - » No purses/backpacks are allowed on campus.
 - » Cigarettes, smoking paraphernalia, and any hazardous or dangerous items are not allowed on campus.

After the family is signed in and has stored their belongings, they will be escorted to the Child Haven FVC by a DFS staff member.

b. Staff Responsibilities During Visitation

(i) Orientation

At the initial visit to the FVC, the staff will provide parents and caregivers with an initial orientation to the visitation program. The orientation will include: clarification of parent expectations, goals of the visit, understanding and management of their children's emotions or behaviors, visitation center procedures, scheduling of visits with their case manager, safety issues, and the importance of frequent, meaningful visits with their child.

(ii) Supporting the Visitation Plan

Visitation staff will assist the parent in completing in *Case Plan* activities identified in the *Visitation Plan*. Specific parenting skills can be addressed and taught during the visitation process.

(iii) Observation

Visitation staff are assigned to each family for the duration of the visit. Staff must maintain visual supervision at all times. Staff are responsible for:

- Supervising visits.
- Observing parent/child interactions.
- Teaching/coaching parenting skills.
- Supporting parents and caregivers.
- Ensuring the safety of the children.
- Recording the completion of the visit and FVC staff observations of progress or problems in a UNITY case note. (See *Section 1014110: Documenting the Visit.*)

Problems or negative interactions may occur during visitation. The physical separation that is created by a child's removal from his/her biological parent(s) does not eliminate the attachment between the parent and the child. Separations have a marked effect on both the child and the parents. The emotions created by separation and the grieving that results may be difficult and are often intensified during and after visits. As a result, parental and/or child behavior during visits may vary from extreme sadness to anger and may have negative impacts.

When problems and negative reactions occur, the supervising FVC staff works with the parent(s) and child (when age- and developmentally appropriate) to understand the emotions they are

experiencing as a result of the separation as well as methods for addressing these issues so that meaningful, positive visitation can occur.

(iv) Suggesting Revisions to the *Visitation Plan*

If the on-site intervention does not ameliorate the problems, the FVC staff will notify the case manager by e-mail.

In order to assist the case manager in revisiting the *Visitation Plan*, the Child Haven FVC staff will report:

- Child, parent, caregiver, and/or other visitor behaviors that are upsetting to the child or in direct conflict with the *Visitation Plan*.
- Specific and general observations to help assess whether the difficulties during visitation are due to the child's normal anxiety response to parent/child visits or to the visitors' anxiety/behavior during the parent/child interaction or to some other factor (e.g., timing of the visit, presence of others).
- Efforts by FVC staff have been made to work with the parents and child (when age- and developmentally appropriate) to reduce tension/conflict and improve their interactions
- Record this information in a UNITY case note and notify the case manager by e-mail if an immediate change is recommended.

FVC program staff must contact the case manager by e-mail and enter a UNITY visitation contact case note within one business day to communicate pressing concerns (e.g., a parent's failure to keep the appointment, overt hostility, apparent use of alcohol or other drugs)

Based on this information, the case manager may:

- Attend the next scheduled family visitation and/or call the supervisor of the program for more information.
- Consult with medical and/or psychiatric professionals or caregivers to obtain additional information that would affect the *Visitation Plan*.
- Amend, limit, or terminate the *Visitation Plan* with supervisory approval.
- Obtain a *Court Order* that specifies the change in the *Visitation Plan*.

101480. Clinical Services Visitation Program

The FVS also houses the Family Services Visitation program. This highly structured program is provided by licensed clinicians from the DFS FCS unit and provides therapeutic support, teaching, and coaching to families who have been referred by FVC staff or permanency case managers. All of these families have a *Visitation Plan* designed to support safe family reunification and are simultaneously enrolled in the “Parenting Project” or another approved parent education curriculum. Enrollment in the Clinical Services Visitation program may be voluntary or court-ordered. (For complete information about this program, see *Section 12000: Family Clinical Services.*)

FVC staff who believe that a parent or child mental health issue is interfering with visitation must record this observation in the documentation of the visit and notify the Child Haven FVC supervisor.

The Child Haven FVC supervisor will send e-mails to the case manager and FCS unit to bring the issue to their immediate attention and suggest whether a referral and/or court order for participation may be required.

The case manager and FCS unit will consult and initiate referral to the “Parenting Project” and the Clinical Services Visitation program.

101490. Scheduling Subsequent Visits

Following the initial visit, every effort will be made to schedule a visit at least once a week, at a minimum. The FVC site selected for subsequent visits will be based on the safety of the child and the convenience of all parties involved in the visit.

To facilitate parent/child attachment, more frequent visitation (i.e., two [2] or three [3] times per week) is best practice for infants and children up to age three (3). A single, longer weekly visit is not optimal for young children. The length of the visit should provide the parent and child sufficient time to engage in developmentally appropriate parent/child activities and allow parents to practice parenting skills they have learned while their child has been in placement.

1014100. Ending the Visit

The FVC staff will assist in facilitating the separation of the parents from the children at the end of each visit. Visiting parents and family members will be advised fifteen (15) minutes prior to the end of their visit. Parents will be encouraged to begin discussing their departure with their child to minimize the trauma of separation.

FVC staff will advise parents of their next scheduled visit, including date, time, and location prior to their departure. This information will be placed on an FVC business card and given to the parents.

Once the visit is completed, family members will remain at the FVC, and the children will leave the FVC with the caregivers.

1014110. Documenting the Visit

FVC staff will complete a detailed case note of each visit within five (5) working days. This case note will address the content of the visit, including necessary coaching, mentoring, or interventions to redirect inappropriate interactions.

FVC staff must also make UNITY entries in the visitation contact screen that address and summarize the content of the visit. FVC staff will address the following:

- Who participated?
- How long did the visit last?
- How did the parents greet the child?
- What was the child's response?
- What was the interaction between parents and child?
- What activities took place? How was the time spent?
- Did the parents set limits and/or discipline the child?
- Did the parents pay attention to the child's needs?
- Did the parents and child display affection?
- How did the child behave?
- Was the assigned staff member required to intervene?
- How did the parents and child separate?
- Were foster parents involved in the visit? If so, how?
- If intervention was necessary, were the parents receptive?

1014120. Customer Satisfaction

An *FVC Customer Satisfaction Survey* will be provided to the visiting family at the initial orientation visit. A request will be made to complete and submit the survey to the FVC staff at the completion of the visit.